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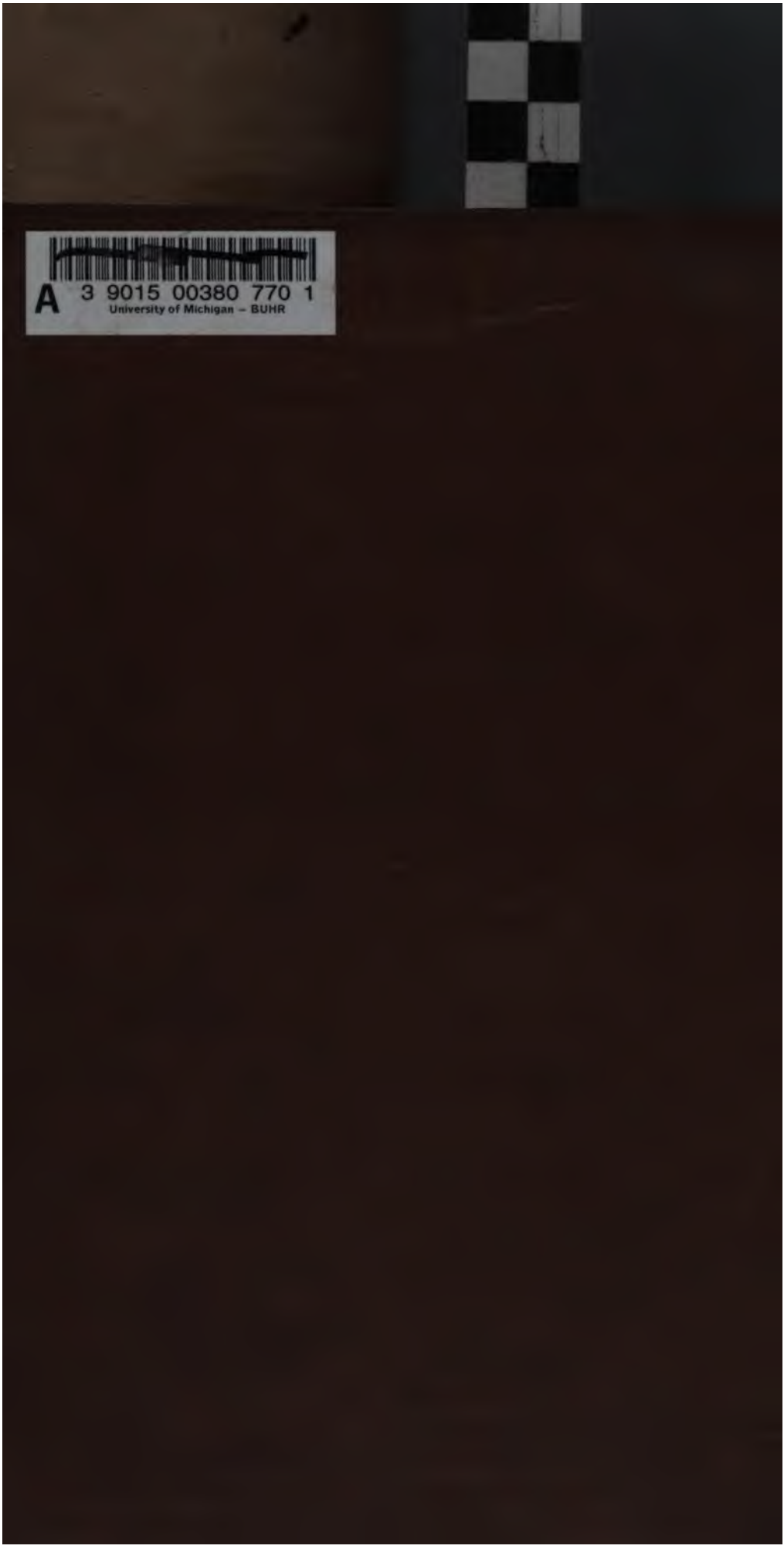
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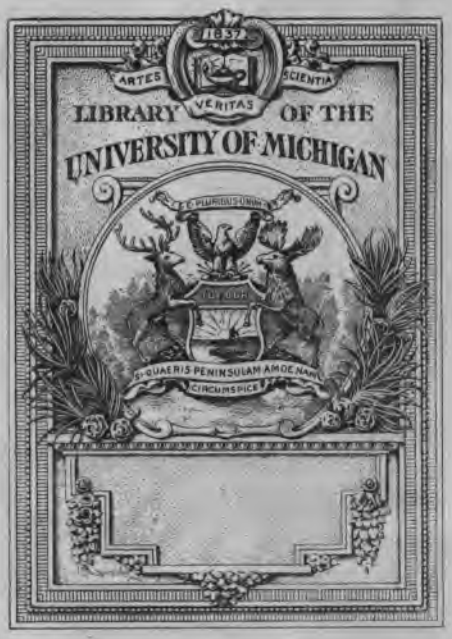
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THE

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OF

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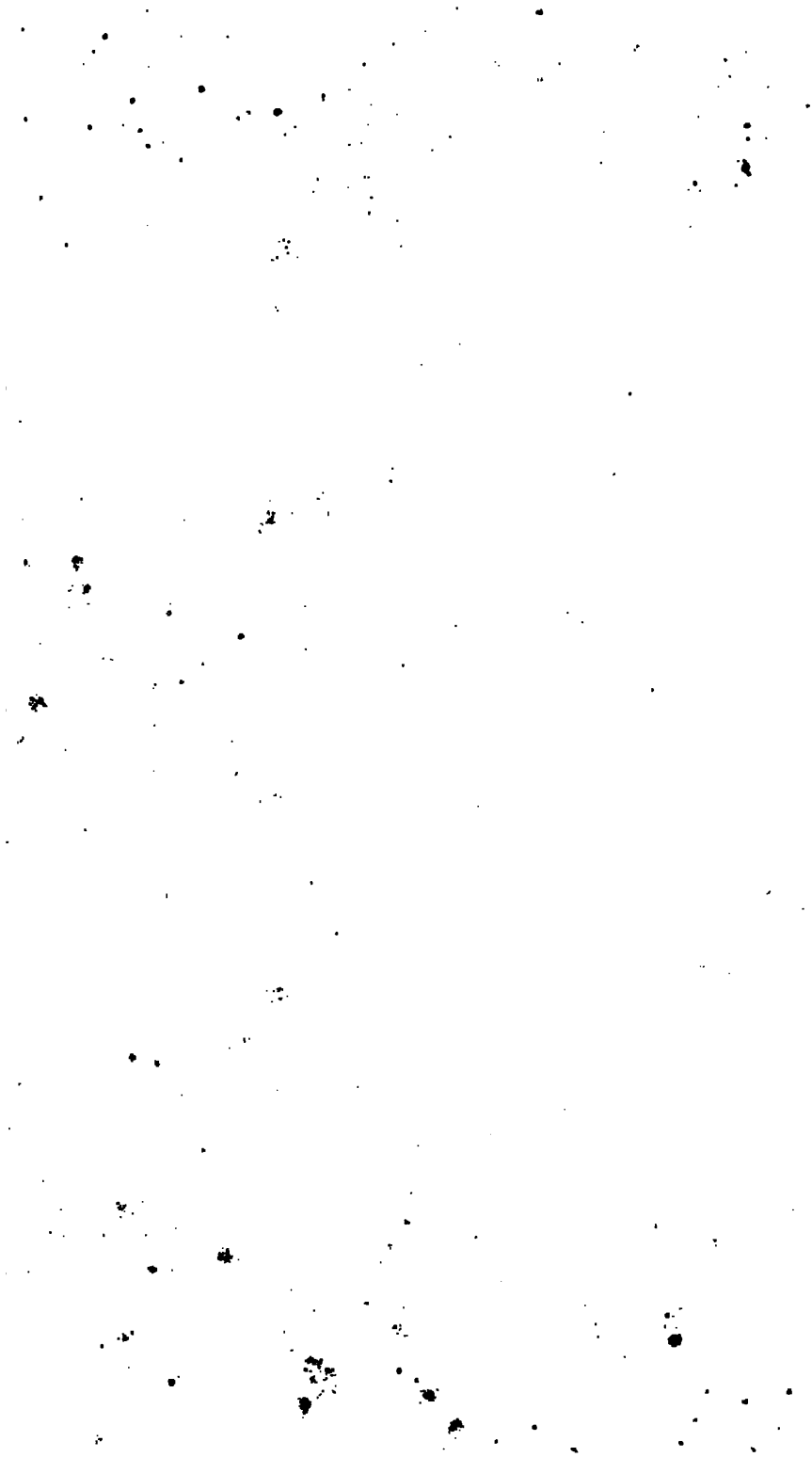

THE

MEDICO-CHIRURGICAL

REVIEW.

(THIRD NUMBER OF 1827.)

"Nec tibi quid liceat sed quid fecisse decebit
"Occurrat, mentemque domat respectus honesti."

VOL. VII.] JULY 1, 1827. [No. 13.

[NEW SERIES.]

I.

MENTAL DERANGEMENT.

1. *Des Causes Morales et Physiques des Maladies Mentales, et des quelques autres Affections Nerveuses, &c.* Par F. VOISIN, M.D.

   The Moral and Physical Causes of Mental Diseases and other Nervous Affections, as Hysteria, Nymphomania, Satyriasis, &c.

2. *Observations on the Causes, Symptoms, and Treatment of Derangement of the Mind, founded on an extensive Moral and Medical Practice in the Treatment of Lunatics.* By PAUL SLADE KNIGHT, M.D. many years Surgeon of the Lunatic Asylum for the County of Lancaster. Octavo, pp. 166, with Plates. 1826.

MAN being of a compound nature, a rational soul inhabiting a material fabric, we apprehend that the moral philosopher has studied the mental faculties without sufficient reference to the body—while the physician has looked too exclusively to physical phenomena, and especially to physical causes as producing bodily disease. Yet the manifestations of mind are not more influenced by the state of the corporeal organs, than are the bodily functions by the state of the mind. It is on account of this wonderful and inexplicable connexion between mind and matter, that we rarely see in high states of civilization, the

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simple effects of either moral or physical causes of disease. The moment an effect is produced by either class of agents, it becomes a *cause* in its turn, and thus action and re-action are continually going on between the mental and corporeal functions. The loss of a relation or the failure of a speculation will disorder the stomach through the medium of the mind—or improper food will disorder the mind through the medium of the stomach. Here the brain and stomach act and re-act upon each other, producing a complication of phenomena not so easily unravelled as some people imagine. And if we consider the number of organs in the body continually sympathising with each other, and the host of moral and physical causes which are daily calling these sympathies into play, we need hardly wonder at the interminable list of indescribable maladies, intellectual and corporeal, which is presented to the medical eye at every step in civilized life.

That aberrations of the intellect have increased in modern times—or at least in proportion as civilization has advanced, there can be as little doubt, as that the brain is more exercised in refined than in savage life. But the causes, the seat, and the nature of mental alienation are far from being completely investigated, or thoroughly understood. The author of the first work now before us comes forward to prove that insanity is an *idiopathic* affection of the brain, resulting from causes that act *directly* on that organ—or, in other words, that mental alienation is produced almost entirely by too violent or long-continued exercise of the cerebral functions. It is his object to show that various physical causes, such as suppression of the menses, accouchments, critical periods of life, &c. which have been regarded by authors as powerfully productive of insanity, do *not* occasion that malady—that, on the contrary, we have, in all such cases, mistaken the effect for the cause—that the disordered function of the uterus, for example, is consecutive to a moral affection. He does not, indeed, deny that the brain sympathises with various other organs of the body; but he maintains that, in the great majority of cases where the functions of the brain are thus disordered sympathetically, we have confounded *acute delirium* with mental alienation, which last is a primitive or idiopathic affection of the brain.

In this place our author guards against misinterpretation of his doctrine.

"When I say that the brain is the material organ (he expresses it, the *material condition*) of intellectual faculties and moral qualities, I have nothing to fear from the system of interpretations, (le système des interpretations.) The muscles and the bones are the organs (conditions) of motion, but they are not the faculty which

causes the motion. The eye is the organ of light, but is not the faculty of vision. I believe in the immateriality and immortality of the soul; but, so long as this last is united to the body, it requires corporeal instruments for its manifestation; and these manifestations are modified, diminished, augmented, or deranged, by the disposition of these instruments."

This is the conclusion to which all rational physiologists and metaphysicians must come in the end. It is precisely the language employed by Charron (de sagesse) two hundred years ago, who concludes a passage in these words:—"aussi l'esprit selon la diversité des dispositions organiques, des instrumens corporels, raisonne mieux, ou moins. Or l'instrument de'lâme raisonable, c'est le cerveau."—*Liv.* 1. *p.* 88.

The fashionable modification of this doctrine which lately made so much noise on both sides of the channel—namely, that the sum total of the organic functions *was* the soul, (though couched under the term *life*,) is now on its wane, even in France; but whether from the fear of the priests, the eagle eyes of the press censors, or the prevalence of a more enlightened philosophy, we are unable to determine.

1. The subject of education first engages our author's attention, and certainly the investigation of its influence on the happiness of mankind is well deserving of serious consideration. He does not accord with Locke, (nor indeed can any physiologist agree with this celebrated metaphysician,) that the brain is a blank tablet at first, on which all kinds of characters may be engraved. Man is not a passive being, equally susceptible of all impressions. His *dispositions* are innate, and it is not to accidental impressions received through the medium of the senses, or furnished by education, that he is indebted for those imperious propensities, profound sentiments, and remarkable talents, that have placed him at the summit of the scale of animated beings. "Each individual, in virtue of his organization, has his own peculiar character. Nature has lavished her favours on some people, and behaved most miserly to others." This inequality, our author contends, is in perfect harmony with the inequality of organization. Nevertheless, education has great influence in giving scope and direction to talents and moral qualities on the one hand, and in giving assistance to feeble innate powers on the other. Education has also great power in checking evil, and cherishing good innate qualities; though it cannot *create* either of these.—Esquirol, who seems to attribute too much to the influence of education, and too little to that of innate disposition, or, in other words, to organization, has acknowledged that the

great majority of the insane, who came under his cognizance, had evinced signs of eccentricity long before the period of actual alienation. Some were proud, even from their infancy; others choleric—some were melancholic; others volatile, even to a ridiculous excess. It is probably true, as our author avers, that all those men who have astonished the world by the variety of their genius, the elevation of their souls, or the extent of their wickedness, have evinced signs of what was to break forth from their earliest infancy, and long before education could have exerted a benign or malignant influence on their minds. Dr. Gall has observed that education, instruction, example, and other accidental circumstances, are most influential where the innate dispositions are neither too feeble nor too energetic. All men, says he, of medium innate powers, or organization, have *capacity* for those things which are proper and necessary for the situation in which man is usually placed. This medium is what Nature has aimed at generally. With this mediocrity of moral and intellectual powers, men may be said to be *passive* in respect to impressions. Their intellectual faculties do not announce themselves—they are in a state of comparative indifference, and may be modelled by education and surrounding circumstances. It is for such men as these that systems of education should be calculated. It must always be recollected, however, that the minds of men differ as much as their bodies, and that between the idiot and the sublimest genius, every gradation of the intellectual scale is fully occupied. But each individual has his boundary of elevation, beyond which he cannot rise, however favoured by education or accidental circumstances. If the philosophers of the last century had known these truths, we should have been spared many fine disquisitions on the *equality* of men's intellects, and on the *perfectibility* of human nature.

Our author thinks, and not without reason, that one great defect in education, and which is not a little conducive to the production of insanity, is the greater attention paid to the cultivation of the intellectual powers than to the moral faculties—that is, to arts, sciences, and literature, than to moral and religious feelings. The pride of parents is perpetually urging them to have their children distinguished rather by fine accomplishments, than by benevolence, humanity, and all the kindlier affections of the soul.

It is difficult, says our author, sometimes to ascertain whether their mental alienation depends on original weakness of the understanding, or a vicious education. M. Pinel relates the case of two orphans, who, being deprived at a very early age, of their parents, were placed under guardians of the most opposite characters. The one was brought up in every kind

of effeminacy, indulgence, and idleness—the other was under a very devil for moroseness, tyranny, and severity. They both became insane before the age of 21, though there was no hereditary disposition to insanity. Thus, extremes meet, and produce similar effects! Many other examples, from undoubted authorities, are brought forward by our author, to illustrate the pernicious effects of indulgence and improper education in early youth, on the mental faculties.

II. *Influence of Political Institutions.* The character, passions, manners, and sentiments of people, are greatly modified by their government as has been remarked from the time of Hippocrates. To what other cause can we attribute the contrast between the Athenians and Spartans?—the one celebrated for their genius, urbanity, eloquence, and love of the fine arts,—the other for their austerity of manners, equity, concord, and disinterestedness. It is to the political institutions of the Romans that we are to attribute those military virtues and superior genius that made them masters of the world. The climates or soils of Greece and Italy have not changed; but the institutions of man have decayed, and with them all those attributes of mind and body by which he was characterized in ancient days.

The power of government on the genius of a people being acknowledged, our author inquires whether particular forms of government may not exert an influence on the production and character of insanity. The most intelligent travellers inform us that under despotic governments there are very few insane people. Our author endeavours to account for the circumstance in this way:—Under despotic governments all the public institutions conspire to prevent the acquisition of knowledge—to stifle the sentiments—and in short, to completely coerce the passions. The subjects of such governments may almost be said to have no *moral* existence—and consequently the exercise of the intellect, or its organ, the brain, is almost a nullity. The organ, therefore is not exposed to the causes of derangement. Under republican, limited monarchical, and representative governments, on the other hand, there is every thing favourable for the production of mental maladies. The reasons are obvious Civilization flourishes under such political institutions. The intellectual powers are developed to their utmost stretch. Emulation, ambition, intrigue—all the passions and propensities are indulged in to excess, and are but feebly restrained by the reasoning faculties. It is under such institutions that the human mind displays all its powers, and pours

forth all its treasures. "But at the same time, the brain, the material organ of these brilliant phenomena, these sublime faculties, is too much exercised, and thus exposed, in common with other organs, to derangements of function or structure, more or less durable, which disturb the reasoning faculties for a time, or annihilate them altogether."

It is thus, by a still more violent, but immediate action on the sensorium, that political commotions and revolutions give rise to mental maladies, and multiply the instances of suicide and crimes.* Men in such awful circumstances, seem emancipated from the control of reason as well as law, and all the fiercer passions are let loose. Vengeance, cupidity, ambition —nay, even the more generous emotions and passions are carried to such an excess, that the seat of reason is overthrown. But this is not even the principal way in which insanity is produced in revolutionary periods. The vicissitudes of fortune which then obtain in every direction are too great to be borne. Elevation as well as depression is dangerous to most men. There are few, in fact, who can firmly support either of these changes. The effects of these political commotions, in regard to insanity, were seen and recorded in Peru, after the Spanish conquest—in England, during the civil wars—in America, after the war of independence—and, on a large scale, in the late French revolution. Esquirol has declared that he could trace the ebbings and flowings of this dreadful revolution by the increment and decrement of insanity. The same experienced author has noticed a fact of much interest, as showing the influence of political institutions in the generation of mental maladies. Formerly the asyla of the insane presented a considerable proportion of their inhabitants tormented with the fear of demons and beings of a supernatural order; but now this class of insane is replaced by one of quite a different des-

* We must take leave to differ, throughout the whole work, from our author, in making insanity, in all its grades and varieties, depend on primary or immediate derangement of the cerebral functions. On the contrary, we know, from long observation and experience, that the causes of insanity, though perhaps acting primarily on the brain, in the form of moral emotions, would but rarely (comparatively speaking) disturb the intellectual powers, were it not for the derangements of function induced in various other organs, as the stomach, liver, &c. which re-act on the sensorium, and greatly exasperate the original morbid impression. But we go even farther, and assert that purely physical causes will disorder certain organs in the body, in consequence of which the brain will be so sympathetically affected as to present all the phenomena of insanity. We are ready to admit, however, that the sensorium is strongly predisposed to the intellectual disorder by the causes enumerated by our author.

cription—men who are haunted with the fear of the *police.* The change is satisfactorily accounted for by Esquirol. Religion and superstition have lost much of their influence over Europeans in general, but the French in particular. The consequence is, that the government must employ other means to keep turbulent spirits in order. What power the clergy may have lost, is now thrown into the hands of the police officers—and hence the change of tenants in the receptacles of the insane.

III. *Influence of Religious Institutions.* But although superstition has lost much of its terror, and perhaps religion itself much of its benign influence over the minds of men, in proportion as civilization has advanced; yet the sentiments of veneration for our Creator—the hope of rewards, and the fear of punishments in a future state of existence, operate, and will for ever operate powerfully on the minds of men, till their nature becomes completely changed. Religion may be abused, and superstition erected in its stead; but still the worship of a Deity must prevail in some form or other. The devout Gustavus Adolphus, and the sanguinary Suwarrow, equally invoked the Supreme Being to crown their arms with success. Louis the Eleventh and Philip considered themselves as raising the most grateful incense to their God by the Auto-da-fé, and the tortures of the Inquisition. While, on the other hand, the sublimest philosophers, as Newton, Haller, and a thousand others, have acknowledged their conviction of a Deity by their admiration of his works. But, in weak minds, superstition, or even religion is sometimes too spiritual to be much discussed or contemplated with safety. Each individual forms his notions of Heaven and Hell, according to the nature of his constitution. The violent, the melancholic, the austere individual forms ideas of the Deity, on the model of his own mind, or rather temperament—clothing the Omnipotent with sentiments and dispositions analagous to his own! It is not strange that the imagination, constantly dwelling on such subjects, should become deranged—especially when a struggle takes place between the dictates of Nature, and the rigid restrictions of a gloomy superstition. Pinel relates the case of a young woman who was brought up under very severe religious discipline, and who was afterwards exposed to the temptations of love. The struggle between the affections of the heart and the sense of religious duty deprived her of reason, and in this state she was carried to the Lunatic Hospital—her incongruous soliloquies betraying the nature of the terrible struggle in her mind. The alarms of conscience

respecting supposed crimes and breaches of divine laws are frequently the occasion of mental alienation, and even of suicide! These are some of the evils attendant on religion; but which are not chargeable to it, but to the weakness of our Nature.

"Notwithstanding the privileges accorded to the human race, our nature is so feeble, that those sentiments which are most capable of rendering us dignified and happy, if carried to excess, become the source of our greatest misery."

A missionary, says M. Pinel, by his fulminating declamations, and the frightful images which he drew of future punishments, so worked upon the imagination of a credulous vine-dresser, that the latter conceived himself doomed to eternal fires, and that he could no otherwise prevent the same punishment extending to his family than by what is called the baptism of blood. He first, therefore, attempted the murder of his wife, and nearly effected his dreadful purpose; but failing in this, he quickly immolated two of his younger children, with the view of procuring them eternal salvation! While confined in prison, before trial, he strangled a fellow prisoner with his own hands —and all under the impression of performing an act of expiation! He was now clearly ascertained to be insane, and was immured in one of the cells of the Bicêtre. Here a long reflection on what had passed, and a profound meditation on the circumstance of his not being executed for so many murders, convinced him that he was the fourth person of the Trinity, and that all the tribunals and potentates on earth were incapable of injuring a hair of his head. In this case, as in almost all others of a melancholy character, the insanity was partial. On every other subject, except that of religion, he was perfectly rational. After ten years of solitary confinement, he became so calm as to be permitted the range of the hospital court—and four more years seemed to confirm the idea of his being now harmless. But a horrible scene was all this time preparing in the monomaniac's mind. Having secreted a formidable weapon, he sallied forth one evening, and first aimed a terrible blow at one of the keepers, which happily did not kill him:—he then cut the throats of two lunatics, who came in his way, and was proceeding in his career of blood, when he was mastered and disarmed with great difficulty!

The histories of *suicidal* maniacs, urged to the dreadful deed by religious, or rather fanatical impulses, would fill volumes; and need no farther notice in this place.

We must pass over the chapter on the influence of manners and customs, in the production of insanity. In this, as in all other parts of the work, our author labours to prove that the causes of this terrible affliction act directly on the brain, the immediate organ of the mind. We differ from him on this point.

IV. *Influence of Professions.* Under this head M. Voisin brings forward a curious table from M. Esquirol, showing the relative proportion of different professions in a mass of one hundred and sixty-four lunatics under the care of the aforesaid Professor. It runs thus: "Merchants, 50—military men, 33—students, 25—administrateurs et employés, 21—advocates, notaries, and men of business, 10—artists, 8—chemists, 4—medical practitioners, 4—farmers, 4—sailors, 3—engineers, 2. Total, 164." The observations of M. Foderé support the above proportions of insane in the different professions. On examining various asyla, M. Foderé found that merchants and soldiers furnished the largest proportion of insane in all these establishments. In accounting for the fact of merchants being the most numerous of all, our author draws a very unfavourable picture of the mercantile character—which he depicts as "destitute of candour, delicacy, or probity." "Sans bonne foi, sans delicatesse, et sans probité." This demoralizing effect of a mercantile profession he attributes, with M. Foderé, to the love of lucre, which swallows up or annihilates all the more noble and elevated passions and sentiments of man. This avarice, or desire to accumulate riches, becomes so imperious as to justify all the means which can be put in practice to effect the object. "We are arrived," says M. Foderé, "at this point, that we esteem nothing but property, and consequently we do nothing but with the view of making money. All our most cherished affections are submitted to a cold-blooded calculation, in the acquirement of wealth."

Such is the moral picture drawn, which, however, is hardly more applicable to mercantile than to other classes of society. Money is the medium through which all real or imaginary good things in this life are obtained, and merchants are not much more fond of these good things than their neighbours. But let us take a view of the pathological effects of trade, as sketched by our author.

"The chances of speculations, which keep the mind constantly on the stretch, and which, in a moment give or take away a fortune—the life of indolence and voluptuousness in which merchants plunge after a life of tumult, agitation, and activity, explain the frequency of mental maladies among this class of society."

These circumstances undoubtedly lead to hypochondriacism and insanity, in numerous instances, but not, we think, in the way which our author imagines. Inactivity and intemperance, or at least voluptuousness, after an early life of labour, are surely not circumstances likely to act *directly* on the brain. They are far more likely to act on the stomach and other organs of digestion, and thus to affect the brain secondarily. And if M. Voisin had observed as carefully the actual state of things, as he studied in his closet, he would have come to this conclusion, and not taken up the exclusive doctrine which he maintains.

In respect to the military, our author is not more complimentary than to the merchants.

"The wandering life of soldiers—the imperious yoke of discipline under which they are necessarily placed—the pride and vanity which perpetually spring up in their breasts amidst this subjugation—their licentiousness in all other respects except in military duty—the alternations of heroic devotion and idleness—the disasters to which they are exposed by flood and field—their alternate privations and unrestrained indulgences—the ingratitude which they too often experience in return for their services—and finally, the calm and monotonous life of peace after the tumults of war—these are the prominent causes of the multiplicity of suicides and maniacs which we see among the military classes of society."

This we grant; and still we maintain that all these causes, moral as well as physical, are operative on various other organs as well as the brain. And even when they act primarily on the brain (moral causes for example) the disturbance of function produced thereby in the organs of digestion, the heart, &c. re-acts with far more effect on the sensorium than the primary causes. Attentive observation, indeed, would lead us to the conclusion, that moral causes rarely produce insanity, or even hypochondriacism, merely through their agency on the sensorium. It requires, in general, a wider range of sympathetic disorder to take place before the seat of judgment is shaken. This view of the case is strengthened by the treatment. Let us take, for example, a military man who has been exposed to all the causes above-mentioned, and who finds himself passed over, unpromoted, and unemployed at the termination of a war. He becomes deranged. How do we treat him? By secluding him, and keeping him on a rigid system of diet and discipline. Surely this plan is not calculated to prevent reflection, or lessen the chagrin by which he was harrassed. No. But it cures the disordered state of other organs, by the system of abstemiousness and regularity enjoined—and when these

disorders are cured, the sensorium, in a great majority of cases, recovers its healthy functions. The fact is, that in most cases of mental chagrin, arising from disappointed ambition, the individuals fly to drink, for the purpose of drowning reflection—and this system soon brings on, or accelerates the accession of insanity. The plan of treatment above-mentioned strikes at one of the great roots of the evil, and is thus generally successful.

Among the professions which predispose to, or occasion insanity, must be reckoned the sedentary. In these the muscular system is left unexercised, and the digestive apparatus becomes deranged. "To live," says Rousseau, "is not merely to *breathe*. It is to *act*—to make use of our organs, our senses, our faculties—in short to exercise every part of the body, and every power of the mind." How few, in civilized life, fulfil this precept! The physiological explanation which our author gives of the effects of sedentary habits is as follows:

"This inaction of the muscular system, and of the agents generally of our external relation with the world around us, lessens the expenditure of nervous influence on those organs and parts, in consequence of which the equilibrium of the sensorial power is disturbed, and a concentration of it is produced in the principal focus of sensibility—the brain."

We would view the matter somewhat differently. Sedentary habits induce general debility, not only of the muscular system, but of the digestive functions; and this debility is invariably accompanied by *irritability*, not only of the brain, but of the whole nervous system. In consequence of this state of things, a morbid susceptibility to every impression is engendered, and the sensorium is continually disturbed. In this way hypochondriacism and insanity are no doubt occasionally produced.

V. *Influence of Age.* This subject is brought forward by M. Voisin, with the sanguine expectation that it will greatly strengthen his favourite doctrine that—"the causes of insanity tend to derange the organization of the brain merely by the exercise of its functions." There can be no doubt, that the periods of life most favourable to the production of insanity, are those when the brain is in most activity. Insanity rarely begins before puberty, when the powers of the mind begin to expand—and it continues to take place, or augments at all subsequent periods, while the mental powers are in full play—and finally diminishes in old age, when the intellectual operations begin also to flag. This statement is correct, but does

not in the least militate against the view we have taken of the operation of the moral and physical causes of insanity. The period above-mentioned, for instance, between 20 and 50, is precisely that in which the digestive organs are also most readily deranged from the same causes that act on the sensorium. Hence we have every reason to give them credit for their full proportion of effect in this class of maladies.

VI. *Influence of Sex.* It has been pretty generally observed that a greater proportion of females than males become insane. It is not difficult to account for this, when we consider the greater nervous susceptibility of women—the vice of their education—the crosses and chagrins to which they are exposed—the keenness of their feelings—and the life of celibacy to which they are so often doomed in high states of civilization. An average has been attempted by our author which would make the proportion of insane as ten males to 13 females. There must be great uncertainty, however, in this calculation.

The physical causes of insanity next engage our author's attention; and first, suppression of the menses. On this, as upon all other points, M. Voisin takes but half a view of the subject. That one of the most common causes of suppression of the menses is to be found in violent emotions of the mind, there can be no doubt:—hence, our author concludes that suppression of the catamenia is a consequence and not a cause of insanity. He overlooks the important fact, that the disorder of the uterine system, though caused by the cerebral disturbance in the first instance, becomes itself a cause (on the well ascertained principle, that all sympathies are reciprocal) of disordered function in the sensorium afterwards. Thus we might fairly lay it down as a practical axiom, and whenever a moral cause of disease acts on the brain, it will be followed by a series of sympathetic, or physical causes re-acting on the same organ, and thereby giving double, triple, or quadruple force to the original cause. Did M. Voisin never observe that a moral emotion, of a sombre kind, would disorder the stomach, and that this disorder would produce pain or other affection of the head? If he did not, he is not an observant practitioner—and if he did, he ought not to suppress this fact, because it militates against his own doctrine. The following case, which M. Voisin brings forward, is really more conclusive against him than for him.

"A young woman, 27 years of age, of amiable character, and very sensible, experienced a severe domestic affliction, and a sudden suppression of the menses then flowing. At the two following periods

there was a slight accession of delirium; but at the third, her ideas became extremely deranged, and she was under a conviction that she was possessed by a demon, who was constantly suggesting some diabolical thoughts in her mind. She went from house to house imploring her neighbours to exorcise the devil. Her face was flushed, her eyes sparkling, and she complained of a strangling sensation in her throat, the workings, she believed, of the evil spirit. She had recourse to amulets, crosses, and images, to protect her from the devil; but all would not do, and in this state she was admitted into the Salpêtrière. The governor spoke to her in a firm tone, and assured her that no demon dared to show his face within that asylum. He took her under his protection, and gave her a dress that was to prove a complete spell against all machinations of the evil one. The change for the better was soon visible, and in three months the patient went out quite ashamed of ever having been afraid of the devil. At each period of menstruation, however, she was troubled with symptoms of a return of her malady, but they generally went off in a few days."

Now granting, for the sake of argument, that the explosion of insanity, and the suppression of the catamenia, were so simultaneous in the above case, that there was no reason to consider the former as an effect of the latter; yet the partial return of the hallucination at each subsequent epoch of menstruation, clearly shows the influence of this process on the cerebral functions. For our own parts, we believe that, had not the moral causes operated so strongly in this young woman as to interrupt the uterine function, no insanity would have taken place. These moral causes would not have been sufficient to disturb the intellect, had they not had the powerful co-operation of the physical cause, in the form of the suppression of the catamenia. This holds good in most other cases. Mental anxiety will go on, without mental alienation, till some important function, as that of the liver, stomach, or uterus, becomes deranged, and then the cerebral functions are unable to withstand the double shock of moral and physical causes; and insanity, hypochondriasis, or some other form of intellectual aberration is the consequence.

HYSTERIA.

In the investigation of this complaint, our author adheres to the same exclusive doctrine, and maintains, that the primary cause, and immediate seat of hysteria, is an idiopathic affection of the brain. But the cases which he brings forward refute his own doctrine; at least so far as to prove that the uterine system is intimately connected with this strange complaint in many instances; and that without this uterine disorder,

or one of some other organ besides the brain, the disease would rarely take place. We shall present one or two cases taken at random.

Case 1. "A young lady, 17 years of age, of great susceptibility, became deeply in love with a young gentleman; but concealed her sentiments, at the expense of great violence to her feelings. One day, while in the midst of the menstrual process, she observed her sweetheart paying his addresses to another lady. It was with the utmost difficulty she could suppress the demonstration of her mental agony. The consequence of this internal struggle, however, was a sudden stoppage of the menstrual secretion. She now turned deadly pale—her features became quite altered—she fell into a state of insensibility, and convulsions followed. These subsiding, she alternately cried, laughed, tore her clothes, bit her arms, and complained that a ball was lodged in her throat and strangling her. At the end of the paroxysm, she discharged a large quantity of limpid urine. Several paroxysms of this kind succeeded, and the narrator (M. Louyer Vilermay) was called in. He prescribed antispasmodics, and the usual remedies resorted to in hysteria, but without success. The fits returned, during a period of six weeks, without mitigation. At this time, Vilermay drew from his patient the secret of her mental distress, and endeavoured to console her by arguments; but these also failed. Two months had now elapsed, and no cessation of the hysteria, nor appearance of the menses took place. Vilermay applied a dozen of leeches to the vagina. Almost immediately afterwards the catamenia came on, and the hysterical paroxysms gradually diminished, and finally disappeared."

What does this case prove? To our minds it appears unquestionable, that the moral emotions were the immediate cause of the catamenial suppression, and that this catamenial suppression then acted as the principal cause of the hysterical paroxysms. That the moral cause alone, would not have been sufficient, in this case at least, to induce the hysterical convulsions, we have every reason to infer, because, when the physical cause was removed—when the uterine function was restored, *the moral cause still remaining*, the young lady was relieved from the hysteria. We think it is hardly possible to have a clearer proof of the positions we have laid down, or a more unequivocal catenation of cause and effect, than in the ratio symptomatum of this young lady's disorder.

We shall only cite one more case, taken also from Vilermay's excellent work on Nervous Diseases.

Case 2. "A young woman, 21 years of age, of good constitution, and very regular in her menstrual periods, became ardently attached to a young man, and the attachment was reciprocal. But the pa-

rents of the young lady resolutely opposed the connexion. *From this time her health became slightly deranged, and menstruation irregular.* ("Dès lors on remarqua un léger dérangement dans sa santé; et le cours de menstrues fut irregulier.") During the space of six months, the lady experienced several accessions of hysteria, accompanied by convulsive movements, sense of strangulation, globus hystericus, and a feeling of formication in the region of the uterus. ("Fourmillement vers l'uterus.") Some time after this, she accidentally saw a letter of her lover in the hands of her parents, which they refused to show her. She was now suddenly seized with a paroxysm of hysteria more violent than any that had preceded. Bleedings, blisterings, and various means were used, but it was seven or eight days before she completely recovered from the attack, remembering only vaguely the sufferings which she had experienced. Her parents still continued obstinate in preventing the prosecution of the courtship, she was taken on a tour, and gradually recovered serenity of mind and health of body."

Every one must see that this case merely shows the influence which the mind exerts on the body. The crosses in love deranged the general health, and rendered the function of the uterus irregular. Then hysteria became developed—and a sudden and violent emotion of the mind, in this state, produced a paroxysm to which it is difficult to assign a name, but which was no other than an aggravated form of hysteria. Moral and physical remedies were applied in the amusement and exercise of travelling, and by these the mental and corporeal maladies were cured.

We would be the last to deny the influence of moral causes in the production of disturbed function of the brain and nervous system; but we would look a little farther than our author does, and trace the sympathetic associations by which these original impressions on the sensorium are aggravated and multiplied. We do not deny that a very violent mental emotion may, at once, so impair the functions of the brain as to induce insanity; but we maintain that this is a comparatively rare case; and that, in the great majority of instances, the intellectual disorder is the result of a combination of moral and physical causes, acting and re-acting on various organs of the body.

The subjects of Nymphomania and Satyriasis next occupy our author's investigations. We shall not dwell long on such disgusting and distressing topics. We believe that, throughout the organology of Gall and Spurzheim, that point is the best established by facts, which places the organ of physical love in the cerebellum. No one can contemplate the dreadful effects of nymphomania and satyriasis with attention, and not come to the conclusion that the irresistible propensity depends on or-

ganization, though it may be increased by indulgence and by the want of those restraints which moral and religious principles impose. We consider it highly probable, if not quite certain, that this peculiarity of organization leading to the abovementioned diseases, is not confined to the mere organs of generation, but that it has a deeper root, in the nervous system itself —and it would appear, from numerous observations, to be in the cerebellum. At the same time, we believe it to be an established fact that, in such unhappy cases, the organs of generation are more than usually developed, and, consequently, although the physical impulse takes its origin from the brain, the theatre of its action in the genitals becomes a participator in the malady —indeed, a *particeps criminis*.

Our author has brought forward, from various authorities, a number of remarkable and melancholy instances, where nymphomania and satyriasis were developed at a very early period —at three years of age, for example, and where, of course, the genital organs, *in themselves*, could not be supposed to be in activity. The impulse was, in every probability, from organization of the brain.

It is asserted by our author and by Gall and Spurzheim, that, in all the cases of nymphomania and satyriasis, there was observable a remarkable developement of the cerebellic region— and that in the busts and pictures of all those personages celebrated in ancient and modern times for salacity, the nucha is remarkably prominent. But, while our author contends that original conformation of the cerebellum gives the impulse to the diseases in question, he equally contends that various moral and physical causes may so develope this organization of the brain, as to produce the disease where it would not have existed, without these incentives. Among the causes of this developement, he places novel reading—balls and plays—sedentary habits—erotic conversations—music—the contemplation of statues and prints. The histories of cases placed on record by respectable authors, show these causes as having been in operation in the majority of cases.

It would have been very desirable that our author should have produced some instances of cure, on the principle which he espouses. He informs us that, in cases of nymphomania and satyriasis, leeching and blistering the nucha, will have more effect than all the other remedies we can administer. We should like to see this practice put to the test.

We shall pass over the long chapter on hereditary disposition to insanity. This is no longer a matter of doubt among practitioners and attentive observers, though it still furnishes

themes for theses and essays among the noviciates of the profession. Dr. Voisin considers mania as a disease of structure, or at least of organization, in the brain; and if so, peculiarities of structure favourable to the impression of the moral causes of insansity may be transmitted from parent to progeny, in the same sense that the disposition to gout and phthisis is rendered hereditary.

POST MORTEM RESEARCHES.

The advocates of a particular doctrine, or a favourite hypothesis, are remarkably fortunate in discovering proofs in support of their subject, wherever they turn their eyes. Dr. Voisin fearlessly comes to what might be considered the *experimentum crucis* of the brain being the *primary* seat of insanity. He observes, however, that from attention to what occurred under his own eyes in the Salpêtriére, and from the comparison of published records, it would appear that in the bodies of the insane, we often find chronic inflammation of the thoracic organs, with the various consequences of this state, adhesions, effusions, hepatization, &c. Indeed, he says, "the lungs are rarely sound." In many females who died at the Salpêtriére in a state of insanity, but who had scarcely exhibited any symptoms of phthisis while living, there were presented the most unequivocal ravages of the disease on dissection, such as tubercles, excavations, abscesses, indurations, &c.

In the abdomen the mucous membrane of the intestines was very often found injected, thickened, or ulcerated, in different parts of its surface. The obliquity of the colon, as observed by M. Esquirol, was frequently noted by our author. The liver was very generally altered from its normal state, in various ways. There were seldom any organic lesions of the uterus or the ovaries.

The brain, of course, engages our author's attention, and he gives us the results of M. Georget's researches, as stated in the New Dictionary of Medicine.

Morgagni made but seven or eight dissections of subjects afflicted with insanity; but in these he noticed several organic lesions. In most instances, he found the cerebral substance of the hemispheres sufficiently firm, while that of the cerebellum was soft. He also noticed vascular turgescence, adhesions, infiltrations, &c.

Greding has noticed thickening of the cranium in one hundred and sixty-seven cases out of two hundred and sixteen. He found, in a considerable number of cases, hydatids in the

plexus choroides—and, in 51 out of 100, softening of the brain. In many of these, epilepsy was combined with the insanity. The other lesions which he mentions, were such as have been already stated.

Dr. Haslam assures us that insanity, in every instance, is accompanied by organic alterations in the brain, and in these alterations he places the proximate cause of the disease. Dr. Haslam has given 30 dissections, showing various kinds of structural changes in the encephalon.

In M. Esquirol's examinations, there is scarcely a species of disorganization which he has not found in the brains of the insane. It is needless, therefore, to repeat them. Spurzheim avers that he *always* found organic alterations in the heads of insane people. M. Georget dissected a great number of brains, and his experience is conformable with that of the authors above-mentioned.

M. Voisin asks triumphantly, after this display of evidence, if pathological anatomy can be said to be a sterile ground in respect to insanity? But he does not seem to appreciate the difficulty of determining whether these structural changes be the causes of the effects of insanity. The pathologist has the same difficulty to contend with in insanity that he has in fever. In most cases where death takes place, we find the structure altered in both diseases: but who can say that the commencement of the structural alterations was exactly coeval with the symptoms of insanity in the one case, and fever in the other? If the phenomena of madness display themselves before the structure is changed, we have no right to infer that the change of structure was the cause of the mental derangement. Besides, we every day see all these changes in the brain and its membranes, without any symptoms of insanity. Let us take the stomach, for example, and see how long its *functions* may be deranged by improper food and drink, without any change of its structure. It is in some respects, the same with the brain. A variety of moral and physical causes may conspire to disturb the intellectual *functions*, and produce mental alienation; and yet the structure of the brain may not be altered. We have a right to infer this last circumstance from the number of recoveries which we every day observe, after the most unequivocal attacks of insanity, and where it would be absurd to suppose that organic disease in the brain or its membranes had taken place. It is, therefore, far from being so clearly proved, as Dr. Haslam and our author suppose, that the organic changes found on dissection are the causes of the mental aberration. We are far more inclined to agree with Pinel and Esquirol, than with Voisin and Haslam, that disordered intellectual func-

tion of the brain may go on, for some time at least, the same as disordered function of any other organ, before the structure becomes sensibly changed—and, consequently, we believe the lesions which we find in the brain or its coverings, after death, are effects of long continued derangement of function. This is what we see in other organs and parts of the body, and we know of no reason why the brain should be exempt from the laws which regulate other portions of our physical frame. The following passage in M. Georget's work on mental derangement, is, we apprehend, much more correct than the doctrines of Voisin, Haslam, and Lawrence.

"In short, the physical disorganizations which are presented in the heads of the insane, are not constant or uniform in the majority of cases, and the very same changes of structure are found in the heads of others who have never been insane; we must, therefore consider these changes as the *consequences* of the primary lesion of function, (the precise nature of which we are unable to ascertain,) and the *causes* of various chronic nervous affections, of a secondary nature, which we find so frequently among the subjects of insanity."

This doctrine will be found more applicable to practical purposes than any other. When a case of insanity presents itself, we should not look exclusively to the brain; for, even if purely moral causes have disordered the functions of the encephalon primarily, there will necessarily be various other functions disordered in consequence, and these disordered functions, say of the liver, stomach, &c. will so re-act on the brain, as to greatly increase the mental malady. It is not, therefore, by bleeding and blistering the head *alone* that we can hope to treat insanity successfully. We must endeavour to withdraw, if we can, the moral causes—and, if we cannot do that, we must strive to obviate their physical effects on the brain and on the other organs.

If we could confine the operation of the original causes of insanity to functional derangement, the disorder would ultimately wear itself out, and the intellect would be restored to a state of integrity; but, unfortunately, changes of structure too often supervene on this *disorder*, as well as upon others, and then the *disease* is confirmed. One of our chief objects, then, in the treatment of insanity, is to prevent change of structure in the head or elsewhere; and, for this purpose, we must have recourse to leeches, blisters, cold to the head, spare diet, and seclusion. When any other organ appears deranged in its function, we must pursue those means which are calculated to restore healthy function, and prevent organic disease. In these few precepts, we believe, the whole art and mystery of treating insanity (as far as medicinal means are concerned) may be

concentrated. It is true, the physical treatment of insanity is not much in vogue; the moral means being those principally trusted to—especially *isolation*. We are fully aware of the great importance of the removal of the insane from the sight of all friends and acquaintances, without which, indeed, a cure can hardly be expected; but we are quite confident that much may be done by those remedies, which prevent or correct determinations of blood to the head, and disordered functions in other organs.

The work of M. Voisin is more distinguished for interesting extracts from other writers, than by original materials brought forward by the author. Indeed, four-fifths of the work are composed of excerptæ from the best modern writers on the subject of insanity—and, perhaps, this very circumstance renders it more valuable. Readers, however, must be on their guard against the exclusive doctrine which M. Voisin endeavours to support, and from which all his arguments take a colouring. No doubt, too, the extracts are not quite so impartially taken as might be wished, for the reasons which we have already stated. We cannot help recommending the work to the libraries of those who have the charge of institutions for the insane.

It now becomes our duty to give some account of the second work at the head of this article. Dr. Knight informs us that the present publication is "founded on the notes and observations, the result of a personal examination of the symptoms of insanity, in the cases of about 700 lunatics, which examinations were carefully made, and very frequently repeated during the progress of the treatment." It may also be noticed, that Dr. Knight drew up his work in a rough state before he examined the writings of others, in order that his own judgment might not be biassed in the conclusions which he drew. On turning to authors, he was alternately gratified and astonished at the coincidences and disagreements which he there observed. This however, could hardly be expected to be otherwise. One of the greatest novelties in this little work, is a monograph statement of the emotions, sensations, and ideas of a person during the progress of insanity.

"The narrator is a gentleman of considerable talent, and liberal education. During his convalesence, he ransacked my little library, and having soon exhausted all he chose to read, I suggested to him to write an account of his ideas, &c. during his late derangement; having previously remarked that he remembered, with the accuracy of a sane person, most of the occurrences that were at all likely to arrest the attention; he most cheerfully consented." vi.

Of this curious and, we believe, unique document, we shall speak presently. But we must first glance at the prominent features of the work itself.

In respect to the *proximate cause* of insanity, our author is inclined to coincide with Cullen, in viewing it as a peculiar, or rather a disordered state of the nervous system. He has no hesitation in declaring his conviction, that—"in every case of deranged intellect, the disease proceeds immediately from corporeal disorder." But the exact nature of this corporeal lesion our author does not pretend to know. Dissection, he thinks, has thrown no light on this subject. He has examined a great number of the bodies of the insane, and although he has not found any morbid appearances that are not frequently met with in bodies where insanity had never been manifested, "yet he thinks he has observed that there has been greater turgescence of blood-vessels, and more copious effusion of blood —in fact, greater evidence of an excessive vascular action in the brains of insane subjects, than would have remained under the same system of depletory treatment in the same subject, had he been sane, and died sane." This observation may be correct, and it may be practically useful in guiding us as to the treatment; but it gives us little light as to the proximate cause of insanity; for Dr. K. need not be told that turgescence, even to bursting of the vessels, is every day seen, without the slightest symptom of insanity. The peculiar condition of the nervous system—to which we may apply the term *irritation*, for want of a better,—must, we think, precede this vascular turgescence, the same as it does in inflammation; and is, therefore, more entitled to the character of proximate cause than the vascular phenomena.

Dr. K. admits that, whatever this susceptibility to insanity may be, it is often hereditary—"and it is equally true that some families have *visible* peculiarities of structure that descend from generation to generation." When a fortuitous concurrence of circumstances has induced mental derangement in an individual not having this hereditary taint, he has never known an instance of the disease being thus transmitted to the children. But then the question recurs, how does it ever become hereditary? It must surely begin somewhere; and more likely in a case of this kind, than where the parent has never experienced an attack of the disease. From the subject of hereditary disposition, Dr. K. starts off, in a very abrupt manner, to an attempt at explaining "*the cause of sensation produced by the action of reflection.*"

"It has been well observed by an eminent moral philosopher, that when we reflect, or are endeavouring to recollect, we are

conscious of some movement—of an act, or series of acts, within the cavity of the cranium, as though hunting about among our thoughts.* And who has not, when tossing on the restless couch, anxiously courting sleep, experienced the tranquillizing sensation of sleep stealing over him, felt his brain gradually relieved from the busy throng that has crowded there, felt as though its energy had relaxed, and the power that had *pressed* it to action had ceased—that is, felt he was tranquilly falling asleep, and then suddenly been roused by all the sensations of thought renewed, in fact, by a return of the *pressure?*" 6.

From these considerations, Dr. Knight is led to the conclusion, "that the intellect is *developed by pressure*, which, in the sane, can, for the most part, be exerted at will; but, in the insane, acts independently of any voluntary movement." We are sorry Dr. K. should have put on record such an awkward attempt at solving a problem, that no human power has solved, or can ever solve.

Insanity is thus defined by our author:—"*A confusion in the intellect, with some degree of correctness of perception and consciousness—the confusion being frequently, in the early stage of the disorder, manifested more by actions than words.*" We never attached much importance to definitions of diseases, since they are all imperfect. They are attempts to squeeze into a line or two a group of characteristic features of a complaint requiring as many pages for their description. It is evident that all the foregoing symptoms may be produced by a blow on the head—nay, by a disorder of the stomach, and where there is not an atom of insanity in the case. The definition, therefore, is of no use whatever. Dr. Knight has sketched a few examples from his note-book, illustrating the errors of perception, conception, memory, &c. some of which are rather curious. Thus, a man, Henry Williams, conceived himself to be a fat sheep, and in every rosy-faced man who visited the asylum, he perceived a butcher, who was about to lead him to the slaughter-house. The consequences of such an hallucination may be readily imagined, and were sometimes even ludicrous. A jolly justice of the peace frightened this poor lunatic more than any other personage who visited the asylum.

Another man was thoroughly convinced that he had a mouse in his throat, and was always soliciting the by-standers to pull it out by the tail, which he said was at the root of his tongue.

Our author criticises a passage which we quoted in this Jour-

* "See Aristotle de Memor. et Reminiscent. c. i. p. 680. Dr. Gillie's New Analysis of Aristotle's Works."

nal from Esquirol on Insanity. That experienced physician mentions, as one of the peculiarities of insanity, the loss of that delicacy which characterizes the words and actions of the female sex. It was never meant to apply, even generally, to the insane, but as showing how far the natural sentiments of an individual may be sometimes perverted by the malady. Whoever has seen much of insanity, will justify the observation of M. Esquirol. The remark, however, does not apply to monomania, where there is an hallucination on only a single subject. It applies more particularly to general acute mania, of temporary duration. In such instances, we have heard *ladies* make use of language, that really surprised us as to the where and when they could have learnt it!

The pusillanimity of the insane has been noticed by all writers. The following observation of Dr. Knight's is judicious.

"The inevitable result of insanity is infirmity of purpose, and the equally inevitable result of infirmity of purpose is its near relative, pusillanimity; to which I may add, discontent—the besetting misery of the insane: and the immense vituperative mass that has been said and written, of the cowardice, ingratitude, dissimulation, and especially discontent of the insane, may, I humbly conceive, be much better, because more fairly, more clearly, and briefly, comprised in this sentence: Insanity begets infirmity of purpose; infirmity of purpose begets pusillanimity and discontent. I have frequently noticed, that the first symptom of returning sanity, has been a diminution of discontent." 14.

M. Esquirol has observed, that the passions (by which he generally means moral causes and their effects, as grief, love, fear, jealousy, &c.) have a vast influence in the production of insanity. Dr. K. we imagine, does not clearly comprehend the meaning of M. Esquirol. He contends that the passions are manifested more as the effects than the causes of insanity. This is doubtless the case; but still, as long as moral emotions are acknowledged to be the frequent causes of insanity, the observation of M. Esquirol will be considered as based in practical observation. That Dr. K. misunderstands Esquirol, and confounds the play of the passions with violence and irritability of temper, will be rendered probable by the following passage.

"As confirmatory of this fact, I may, perhaps, with propriety, here state, that of about 120 insane women, who were at the same time under my care, on an average, *not more* than *three or four* were confined, or coerced, *on account of being violent*, and not more than ten or twelve, on any account whatever; and of about 130 men, who were in the same establishment, on an average, not more than *two or three* were confined or coerced, *on account of being violent*, and not more than ten or twelve on any account whatever." 26.

On the influence of moral causes in the production of insanity, our author makes many judicious observations. We agree with him, that *moral causes alone* are seldom sufficient to produce insanity; but these moral causes having once induced disorder of function in the body, become powerfully assisted by their own physical effects, in disturbing the seat of reason. The following passage is worthy of notice.

"Insanity, like some other diseases, may have for its origin a moral, or a physical cause; either an affection of the mind, or a disorder of the body. The moral impulses, however, very rarely produce insanity, and this is also the case with regard to religious feelings. I come to this conclusion because of nearly seven hundred cases of insanity that I have sedulously treated, I have only *once* ascertained, with that clearness, which I think the importance of the subject required, namely, unquestionable proof, that either a religious or a moral cause produced the disorder. 'Tis true, I have frequently been informed, that this and the other person became religiously insane, through following some sect not connected with the narrator's persuasion; but when it has been possible to get an intelligent history of the person, I have uniformly found that the individual had betrayed at least equivocal symptoms of insanity, and that derangement of the mind, though not palpable, had obviously existed, before he became a raving devotee; and doubtless from this state of mind, has arisen that proneness to change his mode of worship, so frequently noticed *in him*, who is what is termed religiously insane—not that the change in his mode of worship has caused the insanity, as has been, I think, erroneously stated; but that the incipient insanity has caused the fickleness in devotion, together, probably, with an unusual fervour, which, if urged on by an erroneous zeal, as it too often is in these cases, may, and doubtless very frequently does, assume the impression given to it—whether that be of the usual gloomy cast, or whether it be of a lively and amorous character, as I have sometimes seen it. As this latter is rather a rare species, of what is termed religious insanity, I shall make a few extracts in illustration of it, from one of my journals, which I fortunately possess.—October 11th, 1823, Elizabeth A. a lusty young woman, admitted this day.—Oct. 17th. she pointed out to me the 5th chapter of Ephesians, and said she was reading an exhortation to love, her manner and expression of countenance corresponding to the sensual import of the passion. Another time, she pointed out the 2nd chapter, 5th verse, of Solomon, and with voluptuous expression quoted these words:—'He took me to the banqueting house, and his banner over me was love.' She was always talking on religious subjects; and she had hymn-books, wherein the passion of love was too warmly portrayed, as I conceive, to be suited to its professed object: many of these she had by heart, and would sing to the tune of profane airs, with all the expressions of an amorous passion.

"Similar observations may be made respecting the other passions, owing their origin to corporeal disorder. Terror, however, claims

particular notice, as it has, doubtless, by its violent and sudden action, frequently produced instantaneous insanity; and perhaps more frequently than all the other passions combined; and insanity from this cause is the only one resulting from the passions which I have satisfactorily ascertained. It was shortly this.—Some household concerns induced a mother to leave her infant without any competent person to attend to it. On her return, the shrieks of the infant made her rush to its protection; it was writhing on the floor dreadfully burnt: she sprang forward, and with her hands crushed the flames. Here was a horrid spectacle!—the infant was dead,—the mother deranged." 35.

We think the case of the erotic, Elizabeth A. bears us out in our observations on the temporary loss of delicacy which the insane female occasionally experiences. In our author's anxiety to prove that religious feeling, and other moral emotions, are rarely the cause of insanity, he seems to overlook what we have so often stated, that these moral causes produce the physical lesion, and the physical lesion the disturbance of intellect. In this sense, although moral emotions and the passions are not the *immediate* causes of mental derangement, they are still entitled to the denomination of *primary* causes.

Physical Causes. Our author has scarcely ever found insanity "unaccompanied by one or more corporeal diseases." We scarcely know what to say to the following observations.

"The skilful medical practitioner will generally be able, after one or two careful examinations, to detect the seat of considerable bodily disorder, which most probably has given origin to the derangement of the mind; and for this purpose he should avail himself of every means in his power, not relying on the statements, either of the patient or his friends, but by manual examination he should ascertain, if there is any local cause of pain, or constitutional irritation, as congestion in the liver, or partial obstructions in the bowels, or disorders of the heart, and of the lungs especially. *No symptom should escape the severest scrutiny; and by a cautious induction, it is probable, that the true cause of all this frightful disturbance may be ascertained.* But, in his examination, the Physician must constantly keep in mind these anomalies. Though labouring under an attack of pneumonia, the lunatic will make a full inspiration, and tell him he feels no pain. With every evidence of determination of blood to the head, and intense headache, he will tell him he was never better in his life, &c. Whatever this disturbance may be, the general principles of medical practice are applicable, with one caution respecting blood-letting, before alluded to, and subsequently to be explained. What I have said refers to the remote cause, and its effects only: as to the proximate, or immediate cause, I cannot venture to speak with that precision the importance of the subject requires; but I am persuaded, that as there are many remote causes,

so there is more than one proximate cause; and, as I have already stated, that I believe the nerves to be the chief immediate cause, by their diseased action, so I also believe, that constitutional defects, producing organic lesion of the brain itself, or its membranes, are also proximate causes; and I doubt not the diseased action of the nerves, particularly those distributed to the carotid arteries, and parts more immediately connected with the brain, create an increased action of those vessels, and thus produce a determination of blood to the brain, which, by Drs. Arnold, Cox, and Mayo, has been itself considered as the proximate cause of insanity. *Practice* does not give sufficient support to this opinion, and I consider this determination of blood to the head, as the effect only of the *local* nervous irritability: I shall by and bye bring forward some facts to substantiate my opinion." 41.

Dr. K. then cites various authorities unfavourable to blood-letting in insanity, notwithstanding the apparent determination of blood to the head—and this, we think, is a pretty strong proof that the nature of this proximate cause is not well understood—and at all events, that it is not common inflammation. Practitioners should bear in mind, that a state of irritation in the nerves of a part will cause an afflux of blood to that part, but that this afflux, in itself, is not inflammation, though it may lead to that disease. This is the case in insanity. There is irritation of the brain, whether idiopathically or symptomatically produced—and a long continuance of this irritation may lead to inflammation and its various consequences. It is in this way that organic changes in the encephalon or its membranes are effects and not causes of the mental derangement. When inflammation or change of structure, however, is added to the original irritation, it is not difficult to imagine that the malady may be increased, and even rendered dangerous as regards life. It is, therefore, with the view of preventing these structural changes, rather than with the hope of thereby curing insanity, that blood-letting should be employed. The moral and medicinal means of soothing *irritation* in the brain and nervous system, are the main points of treatment, as respects the cure of the mental aberration. Much mischief is every day done by indiscriminate bleeding in the high states of insanity, and but little benefit is ever derived in the reduction of furious delirium by the lancet. We fear the following observations are but too true.

"Insanity is very rarely indeed idiopathic, and when it is, my experience leads me to conclude, that it is manifested in very early life, and that it is generally, if not always incurable. The patients of this class, who have been placed under my care, have evinced an untoward disposition from early infancy, much shrewdness and cun-

ning in their proceedings, with equal hardihood or sullenness, according as they have been treated. The cause remains unknown to me: it may be, and doubtless often is, an organic lesion of the brain or its membranes, which is frequently succeeded by epilepsy—a case perfectly hopeless, and which may continue for years. Medicine has appeared to be of very equivocal use in idiopathic insanity, especially if conjoined with epilepsy; but I have found small quantities of blood, taken either by leeching or by cupping, or by the lancet from the jugular vein or the arm, to have a constant good effect in mitigating the severity, and shortening the duration of the epileptic fits." 46.

But even in idiopathic insanity, moral treatment, especially under steady discipline by an authorized stranger, may do much towards mitigating, if not curing the malady. Our author illustrates this position by the case of a young gentleman idiopathically insane, and who, when at home, was most violent and irascible, endangering the lives of his nearest relations.

"By a treatmant uniformly mild, and uniformly firm, to enforce the rules laid down for his conduct, I succeeded, in a few weeks after his first admission, to make him an obedient and well-behaved youth, even when it was evident that his intellect was considerably affected. The plan adopted was this. The periods of rest, of meals, of exercise, and lastly of study, were fixed and immutable:—when he became refractory, he was admonished; if he persisted, he was instantly compelled to obey,* except as to study, which was voluntary, or only enforced by example and persuasion. After I had once established this system, we were the best friends imaginable; and at the subsequent times of his being placed under my care, he immediately conformed, so that it was extremely difficult to detect any insanity in him. Lunatics of this class are generally healthy." 48.

Dr. Knight next makes many useful remarks on medicinal

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* "This presumes, of course, that the act required, admitted of compulsion: As, for instance, if he were required to take exercise in the grounds, and he refused, through mere captiousness, he was conveyed to the grounds by persons sufficiently powerful to make all resistance on his part trivial: if, when there, he would not stand, (which is not a very unusual occurrence,) though persuaded and gently coerced, he was speedily removed to a solitary and dark room: if he persisted to kick the door, or was guilty of any extraordinary violence, he was secured by efficient means to a proper place already prepared in this dark room: and if, having no other means of annoyance left he then persisted to scream and halloo, he was either permitted to amuse himself till he was weary, or another *habitually* noisy, though harmless lunatic, was put into the same room with him; this has silenced him in a very short time, and in less than an hour he has come from coercion a tranquil and obliging person. This is the utmost coercion or punishment I ever inflicted on any lunatic patient." 48.

treatment, under the heads of *Sedatives*, including digitalis, opium, henbane, &c.—*Cathartics—Emetics—Alteratives—Baths—Circular Swing, &c.*

In respect to digitalis, Dr. K. confidently asserts, that this medicine, on its *first administration*, is as decidedly a stimulus as brandy or Geneva. Our own experience does not coincide with that of Dr. K. on this point. He acknowledges, however, that after a few days, digitalis never fails to reduce the pulse either in force or number. Is this the case with brandy or Geneva? When the pulse gains in velocity and loses in power, under the influence of digitalis, it is a sign of its deleterious operation, and it should be discontinued. By due attention to the action of this powerful drug, Dr. K. avers, that he has uniformly found it to exert a beneficial effect in allaying the maniacal paroxysms, and reducing irritability, "exactly in proportion as it reduced the pulse, whatever might be the mental action, whether gay or melancholy." Our author has been obliged, in many cases, to give the digitalis for two or three months in succession, in small doses, as from five to eight minims thrice a day, which has kept the pulse steady, the patient being able to enjoy amusements, exercise, or labour. By omitting the medicine, he invariably found the insubordinate disposition return, with increase in the quickness of the pulse.

Esquirol disapproves of opium and other sedatives in insanity, recommending exercise and regimen as the best somniferents. Dr. K. cites Halloran and others in favour even of opium, when judiciously employed. But hyosciamus is preferred, and properly so, by Dr. Knight, and especially when combined with camphor. In admitting the utility of this last combination, we are still disposed to agree with Esquirol that, as a general rule, exercise and discipline are the best promoters of sleep in the insane as well as the sane.

Purgatives. Dr. K. has not found that lunatics require more powerful purgatives than other people. Occasionally, however, they labour under obstinate constipation, and that from hardened fæces impacted in the rectum and lower portion of the colon. Here drastic purgatives are dangerous. Our author has found a suppository, composed of one or two grains of elaterium, five of calomel, and five of gamboge, made up with a sufficient quantity of soap, answer the purpose.

Emetics have been occasionally administered by Dr. K. but not stronger than a scruple of ipecacuan, with a grain of emetic tartar.

Alteratives. In all cases of long standing, Dr. K. has found the blue-pill a valuable medicine. In many cases he attributes the recovery entirely to it—and he never found it productive of any bad effects. Dr. K. apprehends that mercury, in any form, must be injurious in recent cases of insanity, and where there is much excitement. It may be so, if carried so far as to produce a constitutional effect; but, as a component of aperient medicine, it is quite superstitious to dread the influence of this medicine, whose physiological action seems really not to be understood by one in five of practitioners at the present day. Dr. K. however, is not included in this class. He considers the medicine as safe, when employed as an aperient, in cases of insanity.

Baths. The shower-bath frequently relieves the head-ache and irritability, in old cases, when the skin is hot and dry. The tepid bath is very grateful to almost all lunatics, and there are few cases where it may not be usefully employed.

Circular Swing. Dr. K. considers this physical agent as "possessing immense power."

"A patient, subjected to its action, is speedily affected with giddiness and sickness, and the peristaltic motion of the whole alimentary canal seems to be excited, and in some instances to such a degree, that the patient vomits, and passes fæces in rapid succession and great abundance, along with his urine. I have found the circular swing extremely beneficial in obstinate constipation, and in dyspeptic complaints accompanied with much acid. Mary Sandiford, a very fine young woman, said to me on the 20th September, 1823,—'Putting me in the circular swing did me more good than any thing else: it threw all the sour stuff off my stomach.' Shortly after this, she recovered, and was discharged well. When patients are very unruly, and at the same time afflicted with either of these ailments, it never fails to be physically and morally beneficial. Apprehensions have been expressed lest the use of the circular swing should induce apoplexy: having attentively examined the sources of these fears, I conclude them to be perfectly groundless; nor have I ever seen the slightest reason to apprehend such result, nor do I believe it ever *can* occur, *if the patient be not in a furious state when put into the swing;* but if he be, the excitement of the mind will counteract the effect of the swing, wonderfully powerful as it is. The act of turning him will exasperate him still more if possible; he will struggle violently, and neither stomach nor bowels be affected, at least for several minutes, if at all; and the visible blood-vessels of the face and neck have become exceedingly turgid by the paroxysm of fury and exertion: but, even in this case, it is more than probable that arterial action is checked. When giddiness is felt, the stomach is

speedily affected, and the pulse is lowered both in frequency and strength—a process not likely to terminate in sanguineous apoplexy, the only species to be apprehended. With this single exception, or precaution, I consider the circular swing perfectly safe. It is a machine that should be easily accessible in every asylum for lunatics, *but never used* except under the direction of an experienced physician. I consider the best time for its use is a little before retiring to rest for the night, as the unloading of the alimentary canal, the lowering of the pulse, and the relaxation of the skin, very generally predispose to sound and refreshing sleep. In concluding my report relative to this machine, I shall take the opportunity to declare my conviction, that it might be made extremely useful in general practice, especially in some inflammatory affections of the viscera of the abdomen, and probably in the commencement of some fevers. I refrain from troubling my medical reader with my reasons for this conclusion, as I apprehend he will readily recognise them in the facts and opinions recorded in the preceding pages." 63.

Epileptic Lunatics. Lunacy and epilepsy is a formidable combination, generally considered incurable. By the tables which Dr. K. has appended to his work, it appears that one in seven of epileptic lunatics have recovered—that is, eight out of 58. The reader will, of course, be anxious to know the treatment by which even this proportion recovered. The details are registered in the books of the Lunatic Asylum for the county of Lancaster, and may there be seen, but the following is an outline of the methodus medendi pursued.

"I have freely used the Spirit. terebinth. rect. as recommended in the Edinburgh Medical and Surgical Journal, by Dr. Edward Percival, frequently with much benefit, the fits being often suspended from their usual accession, and when returning being less violent. Added to this, I have checked the circulation of the blood, when necessary, with the fox-glove, and aided the stomach and liver with Carbo. sodæ pil. hydr. and columbo, according as the use of these medicines would be indicated in ordinary practice. Nor have I hesitated to give all these in conjunction, or variously combined; for I am long since quite satisfied, that much more can be effected by a skilful combination of various remedial means, than by the most judicious exhibition of an isolated remedy. Simplicity in prescription is a good way to *learn* the practice of physic, but it does not appear to me always the most certain method to attain our object. Various other means advocated as remedies in epilepsy have been used, as the Cuprum ammoniat. argent. nitrat. valerian, &c. but I have seen no benefit result from their use, in which I have been much disappointed, since so many distinguished physicians speak highly of these remedies in the cure of epilepsy. When the general health and appearance of the patient did not forbid, I have taken blood in small quantities, from four to six ounces, from the arm, or, which is better, from the jugular vein, with uniformly good effect in shortening the

duration of the fit, and in rendering it much less violent; but this bleeding should not be after the fit, nor during it, but immediately preceding it. In these, as in all other cases attended by derangement of the mind, the bowels should be always kept in an active state, but not purged. Straightening the hands and limbs has very frequently appeared to put a stop to the progress of the fit; and where it can be effected without such violence as to hurt, I have always permitted it, and sometimes advised it. This is a vulgar practice, and, like most other vulgar parctices, has, I believe, some truth for its foundation." 67.

MORAL TREATMENT.

This has been greatly improved in modern times—nay, even within the present century. The following passage is well conceived, well written, and pregnant with good sense.

"It is the daily duty of the superintendent of a great number of lunatics, to sooth the irritable, and repress the insolent, cheer the desponding, calm the excited, check the forward, encourage the timid, resist the importunate and petulant, but *carefully* to attend to reasonable requests; for he has daily causes to try; and he must, at one and the same time, be counsel, judge, and jury: and, as lunatic litigants frequently possess great acuteness, and always much irascibility, it becomes no trifling task to reconcile conflicting pretensions. He is, however, importunately called upon to decide, and his judgment must be supported by fair and conclusive, or at least plausible reasoning: or discord, discontent, and suspicion, will speedily supersede confidence and an affectionate respect; for when the matter does not touch upon the peculiar hallucination of the lunatic, he generally pays much attention to, and acknowledges the force of reason. Frequently the quarrels of lunatics do not arise altogether from deranged notions of right, but from the same malevolent passions that beget contentions amongst the more sane part of mankind. Lunatics very generally regard with derision or compassion the hallucinations of their fellows, and permit them to indulge in their eccentricities with the forbearance of the sane. It is a curious and interesting spectacle to see them thus acting towards one another. The proud, however, form a general exception to this rule; rival monarchs rarely agree: the only exception that occurs to my recollection is, where one mighty Potentate is always exceedingly amused at the absurdity of any one pretending to regal power without his sanction and authority. The anger which he evinces is manifested in epithets of his sovereign contempt, accompanied with bursts of deriding laughter. Such conduct as this requires no interference, much less expostulation or reasoning; either the one or the other would be only parallel to the administering stimulating drugs to those already in a state of excitation; maniacal fury would probably be the result of both practices. On the other hand, it is a great error to pretend to coincide in opinion with the lunatic, acknowledging his pretensions, confirming his opinions, and saying

every thing that may be supposed to be pleasant and soothing: fortunate indeed will be the result if the effect is not absolutely the reverse. The lunatic, for instance, who has thus been confirmed in his belief of his own sanity, at once becomes restless, irritable, and importunate, although he was previously tranquil and contented. I have known this apparently trivial error in moral management produce raging and ungovernable madness." 71.

It has appeared absurd to our author to argue with the lunatic, with the view of convincing him of his hallucination. The peaceable lunatic is at first a tranquil auditor, till, finding *his* understanding insulted by the evidence of *his* senses, he straight becomes indignant at the barefaced assurance of his orator. It is best to let the hallucination go unquestioned and unheeded, and to draw the lunatic's attention to some very different subject and fix it there, if possible. For various excellent general observations on the moral treatment of the insane, we must refer to the work itself. Under the heads of amusements—labour—religion—music—classification of lunatics—Dr. K. offers many practical observations, which are well worthy of attention.

Dr. K. relates some curious instances of obstinate disinclination to food among the insane. One man, John Booth, aged about 35, fasted fourteen days. "He certainly took no food during this period, and though he had access to water, I believe he never drank any."

"He amused himself by walking in the galleries of the asylum, and very seldom sat or rested; yet he appeared as equal to exercise at the end of the fortnight as at the commencement. His pulse continued good to the last; his tongue, which was furred and brown at the beginning, had become clean; and his breath, which was very offensive, as the breath of the lunatic usually is, had become as sweet as an infant's. He was generally very haughty and taciturn; but had now become more tractable, and I at last succeeded in drawing him into a conversation. He told me he had not experienced any benefit from eating; that it had frequently made him ill; and that he had therefore resolved to refrain from it altogether. I asked him if his objection extended to medicine also: to which he replied, he would take any medicine I thought fit to prescribe. I told him it would be necessary to drink it in beef-tea, to which he consented. A pint of good beef-tea was accordingly sent to him, and he readily took it; and in a convenient time the dose was repeated, and so he was humoured, till his appetite returned, when he again took his food as usual: and finally he was discharged well." 108.

Our author cannot call to mind more than one instance where he was obliged to force the lunatic to take food. The plan adopted was, to shut up the lunatics in their rooms, and leave

some food with them. By this plan they took food when it suited their inclinations, and no bad consequences resulted. He believes that force is never necessary or justifiable.

Under the head of "Miscellaneous Remarks," we have some curious information conveyed in a desultory manner. We shall notice only a few of these. Lunatics frequently complain of strange sensations in the skin. Thus, one patient asserted there were slow-worms or threads dragging through his skin—another, that he was afflicted by little gnomes, called crickets, that had very sharp beaks, which they were constantly thrusting into his flesh, tormenting him by day and by night—a third, that one part of his skin burned like fire, whilst an other part was chilled, and so on. These phenomena only show how much the nerves of sense, and, in fact, the sensorium commune, are deranged.

Dr. K. thinks that the wounds of insane people heal more quickly than those of others. It has often been remarked that, in lunatics, serious diseases, as phthisis, for example, are masked by the mental aberration, even till a late period. He has seen instances of hydrothorax, where no dyspnœa or inability to lie down was complained of till the last. "This disease frequently exists among these people, and is frequently overlooked." He has also found bowel-complaints, ranging from simple diarrhœa to the severest dysentery, so very frequent and fatal among lunatics, that, in the year ending June, 1824, no less than 71 of 250 patients were attacked with these complaints. This was probably owing to local causes: but Haslam and others have noticed the same thing.

The last days of the lunatic are often closed with atrophy, unattended by any appreciable local disease. Yet the victim has an extraordinary power of disguising or disregarding his sensations. In respect to appetite, the insane, on an average, would eat twice as much as sane persons, and they absolutely require more food than people in sound mind and body.

Lunatics frequently assert that they see strange sights—not seldom his Satanic majesty, who is uniformly represented by them as of some particular colour, as yellow, blue, green, speckled—but not always black, as one would expect from association of ideas in health.

The insane are so remarkable for emitting a peculiar odour, especially when the paroxysm is on, or coming on, that men accustomed to lunatics immediately recognise it.

"John F——, though a remarkably clean man, was so offensive to the nose, that the servants on opening his bed-room of a morning could with difficulty go in to open his window, the stench was so

intolerable; and all his fellow patients complained of him. The smell of lunatics, however, has been for many centuries familiar to those who have paid attention to their treatment, and J. Van Swieten and Herm. Boerhaave have both noticed a most insupportable smell in opening the heads of lunatics; I have also remarked the same kind of smell, but not by any means insupportable. The smell I have perceived bears a striking similitude to the urine of cats, and not unlike that which I have experienced in the water of patients under treatment with the Digitalis and Pil. Hydrarg. for the cure of Hydrocephalus when those medicines were acting favourably. The smell of the *person*, however, is different: I at this present time have a lady under my care, the smell of whose skin is very offensive, nauseous, and brassy. I am well acquainted with a gentleman, the smell of whose skin sometimes resembles the smell left on the hands after handling new and unvarnished brass, being barely recognisable. All these persons have suffered severe afflictions, and I am therefore disposed to regard these smells as symptomatic of mental disturbance. Since writing the above, I have learnt that the lady was for three weeks, by her own account, deranged in mind." 122.

The insane, especially those who are epileptic, are subject to great restlessness and uproar in winter, and in foggy, close weather. In summer, very fine weather, especially if the wind be high and in an easterly direction, produces the very same effect. Fine fresh weather in winter, and cold wet weather about midsummer, are productive of unusual tranquillity and decrease of paroxysms among the insane and epileptic.

The mistaken notion that lunatics bear cold better than other people has long been obliterated. They cannot bear cold so well as people in health. It is true that the maniac, who imagines that he has urgent affairs of the greatest importance on hand, disregards cold, and being almost always in action on such occasions, he does not suffer from the impression of cold. The same immunity, however, would be experienced by the sane, under similar circumstances. Lunatics are certainly more noisy on a bright moonlight night than on a dark night; "but this is wholly caused by the light." The same has been observed by other writers.

We have been thus led insensibly to such an extension of this article, that our limits will not permit us to give an account, as we promised, of the maniac's autograph, at the end of Dr. Knight's work. The document, however, on re-perusal, appears more curious than interesting or useful. The patient appears to have been a young Irish student in this country, and, sane or insane, his ideas partake of all the vivacity, and even extravagance, of a wild Tipperary youth, inflamed with classical, political, and religious enthusiasm. There are, never-

theless, some good touches in this curious morceau, and some attempt at unravelling the mysterious state of insanity, which would not disgrace the medical philosopher. But we must stop short—returning our thanks to Dr. Knight, for the pleasure and instruction his work has afforded us.

II.

Elements of Physics, or Natural Philosophy, general and medical, explained independently of Technical Mathematics. By N. Arnott, M. D. of the Royal College of Physicians. Octavo, pp. 611. 1827.

We think there can be but one opinion as to the fact, that a general and moderate acquaintance with the laws of natural philosophy is not only ornamental but highly useful to the medical practitioner, of whatever denomination. Medical men mix in good society—and in good society general knowledge prevails. They are expected to be able to converse on general subjects of literature and science—and it would be indecent for them to introduce subjects purely medical, though they may occasionally answer queries of that nature. Were there no other reasons than these for the study of natural philosophy, they would be quite sufficient: but there are many other reasons. Mechanics, hydraulics, gravitation, attraction, pneumatics, and many other branches of natural knowledge are more or less intimately blended with physiology, pathology, and even therapeutics, so as to render a general acquaintance with them *almost necessary*—and, at all events, highly useful. If this be granted, and we think it must be granted, the next question is this: has Dr. Arnott offered greater facilities to the medical student, for the acquisition of this general knowledge of natural philosophy, than he could find in any other work of equal dimensions? We answer, that we believe he has. By great attention to arrangement, and to avoiding, as much as possible, all abstruse reasonings and technicalities—by a pleasing and familiar style—and by seductive illustrations, he has rendered the path of science (hitherto beset with thorns and all kinds of difficulties) a promenade of pleasure. We do not say that the work before us is calculated for those who have made, or who mean to make, deep researches into each subject of

natural philosophy :—but we mean to say, that the work is well adapted for the general reader and the medical student, who only want or wish for as much knowledge of physics as may prove useful and ornamental in their own proper pursuits through life. This is all, we apprehend, that Dr. Arnott has aimed at, and we think his undertaking will be crowned with success.

To attempt any analysis of a work of this description would be perfectly ridiculous; and therefore we must content ourselves with two or three extracts from an admirably written preface, by which the reader will form some idea of the *manner* in which our author treats his subjects.

First Extract.

"*Physics.* The laws of *Physics* govern every phenomenon of nature in which there is any sensible change of place, and they are themselves the sole causes of the greater part of all the phenomena. They *regulate* also those which *originate* from chemical action, and from the action of life.—The great Physical truths are now reduced to four, and are referred to by the words *atom*, *attraction*, *repulsion*, and *inertia*. It gives an astonishing, but true idea of the nature and importance of methodical *Science*, to be told that a man, who understands these words, *viz.* how the *atoms* of matter *attract*, and cling together to form masses, which are solid, liquid, or aeriform, according to the quantity of *repelling* heat among them, and which, owing to their *inertia* or stubbornness, gain and lose motion, in exact proportion to the force of attraction or repulsion acting on them, understands the greater part of the phenomena of nature; but such is the fact! *Solid* bodies, existing in conformity with these truths, exhibit all the phenomena of *Mechanics*; *Liquids* exhibit those of *Hydrostatics* and *Hydraulics*; *Airs*, those of *Pneumatics*; and so forth, as seen in the table of heads below, page xix. And the whole of this volume is merely a list of the most interesting physical phenomena, arranged in classes under these heads."—*Pref.* xv.

Second Extract.

"*Mind.* The most important part of all science, is the knowledge which man has obtained of the laws which govern the operations of his OWN MIND. This department stands eminently distinct from the others, on several accounts. Unlike that of *organic life*, which could not be understood until physics and chemistry had been previously investigated, this attained extraordinary perfection in a very early age, when the others had scarcely begun to exist. We need only refer to the writings of the Greek philosophers, in proof of the assertion. The brilliant discoveries, however, were reserved for the moderns, as will occur to most readers, on perusing in the table below the divisions of the subject, and recollecting the honoured names which are now associated with each. It is truly admirable to see the modern analysis deducing from a few simple laws of mind, all the subordinate departments, just as it deduces me-

chanics, hydrostatics, &c. from the laws of physics.—It is to be remarked, that the laws of mind which man can discover by reason, are not laws of independent mind, but of mind in connexion with body and influenced by the bodily condition. It has been believed by many, that the nature of mind separate from body, is to be at once all-knowing and intelligent. But mind connected with body, can only acquire knowledge slowly, through the bodily organs of sense, and more or less perfectly, according as these organs and the central brain are perfect. A human being born blind and deaf, and therefore, remaining dumb, as in the extraordinary case of the boy Mitchell, which excited so much attention some years ago, grows up to resemble an automaton: and an originally mis-shapen or deficient brain causes idiotcy for life. Childhood, maturity, dotage, which have such differences of bodily powers, have corresponding differences of mental faculty; and as no two bodies, so no two minds as manifested externally, are quite alike. Fever or a blow on the head will change the most gifted individual into a maniac; and most cases of madness and of eccentricity can now be traced to a peculiar state of the brain.—Man has a conviction inseparable from his very being, that his soul is something distinct from his body, and awaiting other destinies: but, independently of Revelation, his notions on the subject remain very vague, as is shown in the laborious reasonings of the ancient heathen philosophers." xviii.

Third Extract.

"And besides all these, and other uses, Physics is an important foundation of the healing art. The medical man, indeed, is the engineer pre-eminently; for it is in the animal body that true perfection and the greatest variety of mechanism are found. Where is there, to illustrate *Mechanics*, a system of levers, and hinges, and moving parts, like the limbs of an animal body; where such an *hydraulic* apparatus, as in the heart and blood-vessels; such a *pneumatic* apparatus, as in the breathing chest; such *acoustic* instruments, as in the ear and larynx; such an *optical* instrument, as in the eye; in a word, such mechanical variety and perfection, as in the whole of the visible anatomy! All these structures, the medical man, of course, should understand, as a watch-maker knows the parts of the machine about which he is employed. The latter, unless he can discover where a pin is loose, or a wheel injured, or a particle of dust adhering, or oil wanting, &c. would ill succeed in repairing an injury: and so also of the ignorant medical man in respect to the human body. Yet will it be believed, that there are medical men who neither understand mechanics, nor hydraulics, nor pneumatics, nor optics, nor acoustics, beyond the merest routine; and that systems of medical education are put forth at this day which do not even mention the department of *Physics!*" xxviii.

The work is divided into five chapters, embracing Somatology and Dynamics—Mechanics—Hydrodynamics, (including Hydrostatics, Pneumatics, Hydraulics, and Acoustics,)—Pheno-

mena of imponderable matter, (Caloric, Optics, Electricity, &c.) —and Astronomy. Under each chapter are ranged the illustrations afforded by the Animal Economy, viz. Animal and Medical Physics. The whole is illustrated by numerous woodcuts, and rendered extremely easy of comprehension, even by the general reader, with but a moderate education.

Were we disposed, we think we could make some objections to certain portions of Dr. Arnott's Medical Physics, while treating of the circulation of the blood. But upon the whole, our author comes nearer to our own views of this important phenomenon, than any author with whom we are acquainted. We are vain enough to think that Dr. A. has adopted some opinions and illustrations broached in this Journal, on the subject of the circulation, although the nature of his work precluded all reference to the sources of his information.

Dr. A. has criticised Dr. Barry's doctrines; but as that gentleman is well able to defend himself, we shall not take any further notice of the controversy.

We need scarcely add, in conclusion, that we recommend, in the strongest terms, the work before us, to every medical student—and to every practitioner who has not paid sufficient attention to the laws of physics, in the early part of his education.

III.

LEISURE HOURS IN PHYSIC AND SURGERY.

1. *The Gold-headed Cane.* 8vo, pp. 180. 1827.
2. *Nugæ Canoræ; or Epitaphian Mementos (in stone-cutters' verse) of the Medici Family, of Modern Times.* By UNUS QUORUM. 8vo, pp. 70. Callow and Wilson, 1827.

WHEN we read the title page of the first work on our list, we thought we had in our hands a novel. It is a medical novel—at least it is a novelty in medicine. It is evidently an imitation of the GREAT UNKNOWN. And had this LITTLE unknown exercised his talent (which is by no means inconsiderable) in sketching the manners of medical society—the state of medical doctrine and practice—the life and characters of those medical men who figured on the stage during the long life and change of masters which the gold-headed cane experienced, he might have made his little work extremely interesting to his professional brethren. But, instead of this plan, the author has not

dedicated one tenth of the 180 pages to purely medical biography. He has occupied his pen in sketching the characters or relating anecdotes of Kings, Princes, Queens, and Princesses, Courtiers, Ministers, &c. by which proceeding, the work is rendered a perfect NON-DESCRIPT.

The Gold-headed Cane is no imaginary being; though the author has thought proper to endow this said GOLD-HEAD with brains, eyes, ears, and intellects—nay, with a tongue to speak, and a hand to write certain things that must prove a most flattering unction to the souls of *some people.** This cane was the slave of Radcliffe, Mead, Askew, Pitcairn, and Baillie—by the latter of whom *manumission* was granted to this faithful bondsman and servant. In one corner of Dr. Baillie's consultation-room, formerly, and now in a closet of the new college, the Gold-headed Cane has been allowed to put on his PILEUS, or cap of liberty, in token of his release from all future service. It was in this last retreat that he bethought himself of writing a memoir of his own life, and of the masters through whose hands he had passed.

It is a wise ordination of Providence, that intellectual property is not transmissible or bequeathable from one generation to another, like goods and chattels—in other words, that the *inside* furniture of the head cannot be *willed* away, like the *outside* furniture. Were it otherwise than it is, we should have the brains, as well as the wigs and canes of Mead, Heberden, Pitcairn, Baillie, &c. all carefully preserved in Pall Mall East, instead of having undergone the mysterious process of incarnation, in other shapes and forms.

This beneficent dispensation of Nature provides against monopoly of talent, and secures a diffusion of intellect, in despite of all human devices for the attainment of the one or prevention of the other.

We shall now glance at some of the medical portraits presented in this little volume, professing our total ignorance of the author who has drawn them.

I. RADCLIFFE.

It was in the autumn of 1689, that the Gold-headed Cane first made his debut with his master, in the sick chamber of William the Third, at Kensington. Dr. Bidloo was in at-

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* The motto which Dr.—— might have taken for the Gold-headed Cane, is, we think, the following:—

> Tu pias lætis *animas* reponis
> Sedibus; *virgaque* levem coerces
> *Aurea* turbam, superis deorum
> Gratus et *imis*. Hor.

tendance on his Majesty, and the scene opens with a speech from Dr. Radcliffe, not less remarkable for its trickery, than for its quaint pathology. Dr. Radcliffe pursued the identical course, upon this occasion, which all illiberal practitioners pursue at the present day—namely, by conveying insinuations against others, to magnify their own merits, and thus ingratiate themselves with the patients to whom they are called in consultation.

"May it please your Majesty," said Dr. Radcliffe, "I must be plain with you, Sir:—your case is one of *danger*, no doubt; but if you will adhere to *my* prescriptions, *I* will engage to do you good. *The rheum is dripping on your lungs*, and will be of fatal consequence to you, unless it be otherwise diverted."

A more exquisite specimen of trickery than the above, is not, we venture to aver, on record. It was no wonder that the choleric Bidloo was up in arms on hearing such an illiberal and selfish declaration from the new physician; and a battle-royal would have been the result, had not the King ordered the physicians out of his presence, to settle their disputes in another room.

There is little in Dr. Radcliffe's life which is worth recording in this place. His practice rapidly increased—that's certain: but by what means? "It was clear," says the Gold-headed Cane, "his erudition had nothing to do with it; but though there was something rude in the manner in which he frequently disparaged the practice of others, yet it could not be denied that his general good sense and practical *knowledge of the world* distinguished him from all his competitors." This knowledge of the world was a poor excuse for his illiberal disparagement of his brethren, though we fear it prompted a little to the practice.

One of the most remarkable instances of *second sight*, for we cannot call it *prognosis*, is recorded at page 21, of the work before us. "Being sent for once to attend the Duke of Beaufort at Badminton, who was very ill, the Doctor, instead of complying with the request, told the gentleman who brought the message—"there was no manner of necessity for his presence, since the Duke, his master, died such an hour the day before." The messenger returned, and found the prognosis correct! This needs more confirmation than comment.

Political revolutions banished the once celebrated Doctor to a rural retirement, where he died, apparently of ennui and dread of the populace.

II. MEAD.

From a master of sagacity and practical acquirements, the Gold-headed Cane passed into the hands of an accomplished

scholar and physician—Mead, who was characterised, even by his antagonists, as "artis medicæ decus." His treatise on poisons—his resistance to the abolition of quarantine laws—and his advocacy of inoculation, are the three principal features of Mead's professional regency. It is curious, as the author before us observes, that the contagious property of small-pox was never discovered, till the new method of conveying it by inoculation was introduced from the East. The contagion of small-pox totally escaped the observation of Sydenham. We were rather surprised that so great a parade should be made of one of this physician's improvements in the practice of medicine—viz. the application of pressure to the abdomen, while water was drawn off by a trocar—and a bandage subsequently. Certainly the discovery (if this were really the first time that such a step was thought of) is not of the brightest cast; but the periphrastic and almost unintelligible explanation which is given of the modus operandi of the tapping in causing faintness, is quite a morceau.

"This was certainly a *most valuable discovery*, and showed the advantage derivable from the exercise of good sense and sound judgment: for MEAD naturally reflected, *that the removal of the pressure of the accumulated water caused the fibres suddenly to lose the extension which they had previously acquired; and it as naturally occurred to him, that the tendency to faint could only be obviated by substituting an external support to the parts.*"

The whole of the above periphrase might have been expressed in three or four words:—"for the pressure of the water on the viscera and vessels is substituted the pressure of a bandage."

Passing over Askew and Pitcairn, the golden-headed memoirs of whom contain nothing worthy of remark, we must dwell a few moments on the last master of the Cane, by introducing an extract from Sir Henry Halford's eloquent observations on the life and character of his friend and contemporary.

"The attention which he had paid to morbid anatomy (that alteration of structure which parts have undergone by disease) enabled him to make a nice discrimination in symptoms, and to distinguish between disorders which resemble each other. It gave him a confidence also in propounding his opinions, which our conjectural art does not readily admit; and the reputation, which he enjoyed universally for openness and sincerity, made his *dicta* be received with a ready and unresisting faith.

"He appeared to lay great stress upon the information which he might derive from the external examination of the patient, and to be much influenced in the formation of his opinion of the nature of the complaint by this practice. He had originally adopted this habit

from the peculiar turn of his early studies; and assuredly such a method, not indiscriminately but judiciously employed, as he employed it, *is a valuable auxiliary to the other ordinary means* used by a physician of obtaining the knowledge of a disease submitted to him. But it is equally true that, notwithstanding its air of mechanical precision, such an examination is not to be depended on beyond a certain point. Great disordered action may prevail in a part, without having yet produced such disorganization as may be sensibly felt; and to doubt of the existence of a disease because it is not discoverable by the touch, is not only unphilosophical, but must surely, in many instances, lead to unfounded and erroneous conclusions."

The truly enlightened and talented President is right in the above remarks. To attempt to discover disordered action by thoracic percussion, or abdominal pressure, is quite absurd. But the great value of these external investigations consists in the power of often distinguishing when organic disease has actually taken place—a power which, an examination of the mere symptoms of the malady will not always, or perhaps even generally, confer on the physician. But accurate auscultation will go beyond the other means of external investigation; and often disclose disordered *function* in the heart and lungs, before any material change of structure has taken place. It will reveal the extent, for instance, of pleuritic inflammation—inflammation of the mucous membrane of the bronchia, &c. which can hardly be called organic disease, and which cannot be so well ascertained by the symptoms alone.

But we must take our leave of the Gold-headed Cane, and its learned author; regretting, as we said before, that he did not employ his talent in medical biography and manners, rather than in sketches of character beyond the pale of the profession.

It is now time that we should turn to the other production at the head of our list, emanating, it is said, from the pen of a surgeon not unregistered on the rolls of Fame. The publications now before us give us hope that the glorious days of Smollet, Garth, Goldsmith, Darwin, &c. are returning; and that physicians and surgeons, of talent, will employ their *leisure* hours in novels and poetry. If they do, we predict that Pater Noster Row will not be able to disgorge, from its dark and unfathomable caverns, the volumes manufactured by this class of intellectual operatives.

The work entitled "NUGÆ CANORÆ" was suggested by the emigration of the College of Physicians from Warwick Lane to Pall Mall East. It struck the author that it would be no

bad thing, in these days of speculation, to have a "MEDICAL DEATH SOCIETY," and he suggests the old College as "a MEDICAL MAUSOLEUM," or Pantheon Medicum, where—

"The self same Doctors may appear in shrouds,"

when they have sent their quota of patients to the Elysian Shades. After arranging all the minutiæ of this *Pere la Chaise*, in Warwick Lane, the author employed himself in writing epitaphs, "in stone cutters' verse," on the worthies who were to be deposited in the consecrated spot. the work is dedicated to the Presidents of the two Colleges, and to the Master of the Company of Apothecaries, for the year 1927—a liberty which he thinks he may safely take, as he is not very likely to meet these official characters, in consultation, a century hence. In introducing some of his contemporaries to these regents of 1927, he expresses his humble hope "that the honorable profession of medicine may hold the same elevated rank in the scale of society, to which its present professors have raised it—and that the Abernethys, Clines, and Coopers of one college, and the Ainslies, Halfords, and Warrens of the other, may be as distinguished ornaments of them in their day, as in his own—and that science and surgery, philosophy and physic, may continue synonymous to the remotest ages of posterity." We say, amen! But we might remark that, as a member of the College of Surgeons, it would have been in better taste, had the author of the NUGÆ CANORÆ placed the members of the *other* College first on the list, in his prospective introduction to posterity. At an army dinner, the toast is always the "navy and army"—and at a naval dinner—"the army and navy." We think the same courtesy might well be observed upon other occasions, and especially on the present.

Passing over Heberden, Turton, Baker, De Castro Sarmento, and Sir Richard Jebb, of whom very short biographical notices are given, we come to Fordyce, whose habits of eating and drinking are commemorated. It appears that Dr. F. dined every day at Dolly's Chop-house, for more than twenty years, in the following manner:—At four o'clock, the little side table was always laid, with a silver tankard full of strong ale, a bottle of port wine, and a quarter of a pint of brandy.

"The moment the waiter announced him, the cook put a pound and a half of rump-steak on the gridiron, and on the table some delicate trifle as a *bonne bouche*, to serve until the steak was ready. This was sometimes half a broiled chicken, sometimes a plate of fish: when he had eaten this, he took one glass of brandy, and then proceeded to devour his steak. When he had finished his meal, he took the remainder of his brandy, having, during his dinner,

drunk the tankard of ale, and afterwards the bottle of port! He thus daily spent an hour and a half of his time, and then returned to his house in Essex-street, to give his six o'clock Lecture on Chemistry. He made no other meal until his return next day, at four o'clock, to Dolly's." 8.

Dr. Fordyce, like some modern members of the Medici family, had certain peculiar opinions respecting the "digestive organs" of man. He happened to observe that the noble lion made only one meal a day—and, *hence*, he concluded that man should do the same! It must be allowed that the doctor took a lesson at Exeter Change, and like the lion, made a—"mortal gorge," when he did set to! The epitaph however, does not convey a very pressing invitation to posterity to follow his example.

"The reason why I'm here interr'd,
Methinks may rightly be referr'd
To living *well* and drinking *hard*.
Should you, dear patients, then prefer,
Death's final visit to defer,
Shun Aqua Vitæ and *Mollard*." 8.

Dr. Reynolds is characterized as the link between the ancient and modern costume of the faculty. "Here wore a well powdered wig and a silk coat." These insignia are now laid aside —for ever!

The epitaph on Dr. Curry, of Guy's Hospital, contains the well-known anecdote of the mistake which the doctor made respecting his own case, considered to be a liver complaint, but which turned out to be disease of the lungs. If the number of mistakes, *of this kind*, made by some modern physicians, of no mean note, were registered, the laugh would not be so great against poor Curry as it now is.

The anecdotes of Lettsom are not new, and the epitaph is certainly in "*stone cutters' verse.*"

One of the best epitaphs in the book is that on Dr. Lambe—who, by the bye, is not likely, for some years yet, to have a stone over his mortal part. We are tolerably quick in our pace; but the water-drinking doctor fairly beat us the other day, in walking up Highgate Hill.

Αριστον μεν υδωρ.

"Here lies a man who, drinking only water,
Wrote several books, with each had son or daughter;
Had he but used the juice of generous vats,
The World would scarce have held his books and brats;
Or had he not in pulse been such a glutton,
This LAMB had not been now as dead as mutton." 17.

Drs. Moseley and Rowley are commemorated in "stone-cutters' verse"—not much to their credit. Peace to their manes! How the author could suppose that these two worthies—

"———purged the schools of solecism
Refin'd pedantic barbarism,"

we do not know; but this we will say, that Dr. Moseley's *best* work is a tissue of "pedantic barbarism itself."

The following epitaph, though now *written*, will not, we hope, be *engraved* on the tomb-stone of the worthy Dr. S——e for 30 years to come.

"Here, snug in a corner,
Like little Jack Horner,
Lies a Doctor who wrote on Bath water;
By his works you will find,
Should you be so inclin'd,
He to Death and Disease gave no quarter." 24.

Dr. Denman is eulogized in high terms. The following is not amiss.

"Beneath this stone, shut up in the dark,
Lies a learned man-midwife, y'clep'd Doctor Clarke.
On earth while he lived, by attending men's wives,
He increas'd population some thousands of lives:
Thus a gain to the nation was gain to himself;
And enlarg'd population enlargement of pelf.
So he toil'd late and early, from morning till night,
The squalling of children his greatest delight.
Then worn out with *labours*, he died skin and bone,
And his ladies he left all to *Mansfield* and *Stone*." 27.

The epitaph on Dr. Gall or Dr. Spurzheim (for it may do for either) is not very clever. The following one, on (we believe) Mr. Earle, is rather better.

"To show that, unlike to old drones,
Young surgeons are full of invention,
Here lies one who did add to the bones,
A bone—called *the bone of contention*."

We suppose the neck of the thigh-bone is here alluded to, about the fracture of which so much contention recently prevailed—and in which Sir A. Cooper certainly had the best of the battle.

We can add but one more epitaph. Whether the stone on which it is to be engraved shall be seen in a *place* called Whitehall, or *close* to Bartholomew's Hospital, is yet a secret in the womb of fate.

" Here lies a warm spirit, whose genius and fire
Caused his death, from the heat of his passion and ire.
For so scorching and hot was his learning and knowledge,
It *embroiled* the profession, and *roasted* the College." 50.

And shall the humorous and good-natured author of epitaphs lie without one on his own stone? Forbid it the Muses! Let us try—in his own way,

Epitaph on the Author of Nugæ Canoræ.

Here lies beneath this marble hearse,
Th' inventor of " STONE-CUTTER VERSE :"—
He *carved* the living—*etched* the dead—
And thus he gained both fame and bread.
A surgeon bold—a poet sad—
A social soul was Mr. ——.

But, having committed ourselves thus, we shall be accused of partiality if we do not a similar charitable act for the GOLD-HEADED CANE.

Epitaph on the Gold-headed Cane.

Here, ripe in years—in wisdom mellow,
Reposeth one most learned " FELLOW ;"
Who drew an intellectual feast,
From musty tomes in Pall Mall East ;—
Then wrote a book, to prove his KNOWLEDGE,
And praise the fellows of the College.

IV:

PRINCIPLES, OR PROPOSITIONS OF MEDICINE.

By F. J. V. BROUSSAIS, M.D. &c. &c.

PART. III.—THERAPEUTICS.

THERE is a strong disposition, both in and out of the profession, to regard therapeutics as the grand, if not the sole object of medical study. Thus the pupil will be seen yawning or sleeping while the lecturer is descanting on diagnosis, etiology, or pathology; but the moment the TREATMENT is mentioned, he pricks up his ears, and begins to take notes. It is in vain to tell the world at large that there is little chance of a cure, if the *nature* of the disease be not first ascertained—it is still more in vain to inform them that there are many diseases which it

would be dangerous to cure, and still more which it is impossible to remove. In such cases much harm may be done by blind and vague attempts with powerful therapeutical agents.

When, however, the proper basis is laid in anatomy, physiology, and pathology, PRACTICE will proceed on safe, if not always on successful grounds. If knowledge sometimes makes a man timid in the application of medicines, this is a much less dangerous error than temerity, grounded on ignorance. The former may not cure the patient, but the latter may kill him. With these few preliminary observations, we proceed to the third division of M. Broussais' aphorisms, embracing THERAPEUTICS.

PROP. 262. It is dangerous not to arrest inflammation in its early stage, since the efforts which nature makes to remove the malady are violent, and not seldom unsafe.

263. There are four kinds of means for arresting the progress of inflammations: viz. debilitants, revulsives, fixed tonics, stimulants, more or less diffusible.

264. The debilitants are, blood-letting, abstinence, diluent and acidulous drinks; but blood-letting is the most efficacious of all.

265. Venesection is the most proper mode of blood-letting, where sanguineous congestions form suddenly, under the influence of irritation, in the parenchymatous structure of organs.—In all other cases, *local bleeding*, as near as possible to the parts inflamed, (for instance, from the skin immediately over the principal seat of phlogosis,) should be preferred, especially when the inflammation is recent.

266. There is no inconvenience in pushing blood-letting to the point of syncope, in a recent inflammation of a previously sound subject. Under opposite circumstances, we run a considerable risk by carrying sanguineous depletion to the above extent. The same may be said of abstinence. It is dangerous to make this too complete, or to prolong it too far, in unsound subjects, or where the inflammation has made progress. The bleeding from leech-bites is sometimes excessive in children, and in young people whose skin is florid and the action of the heart energetic. The bleeding, in such, should be arrested as soon as any symptoms of faintness occur.

267. Local bleedings are often hurtful in old-standing inflammations of the principal viscera, when there is no superabundance of blood in the system generally. It rarely happens that the local bleeding fails to increase the congestion in such cases. It is better to abstain from local bleeding under such circum-

stances, or else to draw the blood from a part at a distance from the principal point of irritation.

268. General or local blood-letting, in a person deficient of blood generally, always produces much restlessness or malaise —augments the visceral congestions—and often gives rise to convulsions, and even fever.

269. When a recent inflammation, that had readily given way to sanguineous depletion, in a sound constitution, suddenly revives again, we may again and again have recourse to the same measures:—the convalesence will still be prompt; but if a chronic inflammation had pre-existed, this practice will be often dangerous. It will be also dangerous, if the inflammation had been general, or in two or more organs at one time. In such cases, we must stop depletion, if the pulse loses force, even if it maintains its frequency.

270. Slight inflammations of the encephalon readily yield to leeching of the epigastrium, especially if any gastric inflammation had preceded the encephalitis. But strong congestions of the brain require general bleeding from the jugulars, temporal arteries, or the arm; together with leeches to the upper parts of the neck—cold to the head; and hot pediluvia.

271. Cerebral congestions, with feeble pulse, require cold applications to the head, and rubefacients to the lower extremities, before having recourse to blood-letting.

272. Leeches placed on the inferior portion of the neck, between the insertions of the sterno-mastoid muscles, remove bronchial catarrh, and thus often prevent phthisis. This mode of leeching is very efficacious in the catarrh which accompanies measles, and which sometimes proves fatal, if not checked. The puriform nature of the expectoration ought to be no bar to this application of the leeches.

273. Leeches applied about the clavicles, and under the armpits, arrest the catarrhal inflammation which may have spread to the superior lobes of the lungs, and which generally terminates in phthisis, unless early removed. A dull sound in these parts indicates that the inflammation has reached the pulmonary parenchyma, and imperiously demands local bleeding.

274. Leeches applied to the epigastrium more effectually remove gastric inflammation, than when applied to the anus. But this last site of their application is more beneficial in colitis.

275. When colitis does not cede to anal leeching, and when a point of pain and tumefaction can be distinguished in the

track of the colon, blood should be taken from this point, by leeching or cupping, which will effect a cure.

276. To remove incipient colitis, by proper local bleeding, is to annihilate epidemic dysenteries.

277. Cynanche tonsillaris, cyn. pharyng. and cynanche trachealis are better removed by local bleeding than by emetics, which often exasperate the complaint, especially where there is plethora or gastric inflammation.

278. Symptoms of biliary and gastric irritation are sooner and more certainly removed by leeches to the epigastrium, or merely by abstinence, with water for drink, than by emetics.

279. Jaundice almost always depends on inflammation of the mucous membrane of the stomach and duodenum, or of the liver or its ducts, and are best removed by leeches applied between the epigastrium and hypochondrium, and by strict abstinence.

280. Articular inflammations cede readily to local bleeding, when they are strictly local themselves; but if they are complicated with gastric irritation, it is often necessary to apply leeches to the epigastrium, to accelerate their cure.

281. Eruptive fevers, being the signs of inflammation of internal organs precursory of that of the surface, local bleeding from the nearest vicinity of the internal irritation, renders the eruption more easy, and diminishes the danger.

282. The *secondary* fever of confluent small-pox, being the effect of the erysipelatous inflammation produced by the pustules, may be moderated, and sometimes prevented, 1mo. By the local bleeding practised for the *eruptive* fever; and 2ndo. By leeches applied to the neck immediately previous to the inflammation of the face.

283. The fever called *adynamic* (or typhoid) which supervenes on confluent small-pox, being no other than gastro-enteritis, produced by the cutaneous inflammation, may be prevented, generally, by the means recommended for checking the excess of the cutaneous phlogosis.—*See Prop.* 232, *and* 233.

284–5. The intestinal worms which accompany entero-gastric inflammation, being only the effects or consequences of this phlogosis, require no specific means of cure beyond those necessary for the removal of their causes.

286. The *sequelæ* of measles are inflammations of the bronchia, of the lungs, or of the primæ viæ; and therefore require no other treatment than that of such phlogoses happening under other circumstances.

287. Emetics do not cure entero-gastric inflammations

(always remembering that high degrees of *irritation* and inflammation are considered by M. Broussais as synonymous) except by revulsion, and by the critical evacuations which they provoke. Their effects, therefore, are uncertain in slight cases; and in severe cases they are dangerous, as they increase the phlogosis if they do not succeed in removing it. The same may be said of purgatives. The bitter purgatives increase the febrile heat, while the saline medicines of this class mask the phlegmasia, and render it chronic. Such are often the effects of calomel and neutral salts, which only give a temporary relief by the diarrhœa which they induce—the latter frequently ending in marasmus or dropsy.

288. Blisters often augment entero-gastric inflammation, by an extension of the phlogosis from the surface to the mucous membrane of the stomach and bowels. They are not, therefore, so serviceable in adynamic (low) fevers, as they are supposed to be.

289. Blisters very frequently exasperate inflammations of the lungs, if applied previous to sanguineous depletion, whether the complaint be acute or chronic. Applied after depletion, they are very efficacious.

290. The stomach is an organ which requires stimulation, in order to keep up, by its sympathies, the necessary degree of excitement in other organs and their functions :—But this stimulation should be adapted to the degree of susceptibility in the stomach, for this is the seat of an *internal sense* which regulates the animal economy.

291. When the sensibility and irritability of the stomach are above the natural medium, all stimulants are injurious, as precipitating the play of the various functions, even to the point of annihilating them. Such is the case in intense gastritis, in chorea, and in yellow fever, &c.

292. Excessive irritability of the stomach does not always manifest itself by *pain*, nor by *vomiting;* but rather by the violence of the general fever, by delirium, by stupor, and by convulsive movements :—These sympathetic symptoms should warn the practitioner against the employment of stimulants.

293. When the stomach is tormented by stimuli, it sometimes disembarrasses itself of the irritation, by throwing an increase of action (by means of its sympathies) on the exhalent and secretory vessels :—hence it is, that gastro-enteritis, thus improperly treated, is not always mortal.

294. When the stomach is affected with a chronic inflammation, of a certain degree of intensity, and occupying the whole extent of its mucous membrane, stimulants are peculiarly de-

trimental, and the organ cannot disembarrass itself of the irritation they produce, except by exciting general fever, when a crisis is sometimes effected.

295 The stomach affected with chronic gastritis, to which is added, increased irritation, by stimulants, is in great danger, if it is unable to free itself by revulsion, in consequence of the intensity of the phlogosis. Hence the mischief often produced by mineral and other medicinal waters, &c. &c. The irritation which is thus sometimes projected to the lungs, brain, and extremities, is converted into phthisis, mania, apoplexy, or gout.

296. If chronic gastritis be circumscribed to a part of the stomach, its exasperation is generally evinced by *pain* during digestion, (especially if stimulants be taken,) by malaise, and even by some feverishness; but if, by proper diet and tranquillizing remedies, these points of inflammation be soothed, the sound portions of stomach will crave for food, and even for stimuli, by which the organ will appear, for a time, to be comforted. Presently, however, the phlogosed points will be irritated anew, and the original train of symptoms will be recalled.

297. In partial gastritis, many years will pass in alternations of irritation and tranquillity, according to the various modes of treatment employed, till, at length, the coats of the stomach are changed in structure, either by scirrhus, mollescence, or ulceration—and then death is the inevitable result.

298. Partial irritations of the stomach, characterised by the march indicated in propositions 296,7, will be cured by perseverance in the mildest and least irritating food—by avoiding all stimulant medicines—by mucilaginous diluents. This cure sometimes requires years for its completion; but it is the only permanent cure. It may succeed, even when some degree of disorganization has taken place. But it is necessary not to debilitate the stomach by too much bleeding, nor by such extreme abstinence as may risk the loss of all digestive power in the organ.

299. In chronic-gastritis, and entero-gastritis, not complicated with colitis, a cure is sometimes effected by combating the constipation by means of calomel and the neutral salts:—But this is only in cases where the phlogosis is slight; for if it be severe, and especially if the organization of the stomach be compromised, the cure will only be palliative, as is the case where other stimulants are used.

300. Hæmorrhoidal irritation is frequently the effect of chronic gastritis, or entero-gastritis, and ought to be treated in the same manner as these complaints. The exasperation of the

gastritis may suppress the hæmorrhoidal, as it suppresses the menstrual flux, and it is then a great error to use stimulants, with the view of reproducing these discharges. The safest way is to direct the treatment to the gastric affection; for, this being removed, the hæmorrhoids will either be cured at the same time, or the discharge will return, if it be necessary to the constitution.

301. When the stomach is not sufficiently stimulated by aliments, all the functions of the body languish; but, in no long time, the hunger developes, in this organ, an irritation which excites several functions in a manner unfavourable to the preservation of the individual. Such is the fury or mental exaltation of people who attempt to starve themselves. 302. Hunger, therefore, excites gastritis, and this phlogosis calls up its usual sympathies.

303. The sense of heat in epigastrio, the pains of the head and limbs, and the redness of the tongue produced by hunger, are dispelled by food, when they are only in a certain degree of intensity:—at a later period these phenomena are exasperated by food, and, therefore, only bland liquids should be first given, and the lightest nourishments should precede any stronger alimentation. Bleeding should not be employed for the phlogosis produced in this way.

304. When food passes not properly digested, from the stomach into the intestines, it there excites colick and diarrhœa, which cede to wine and alcoholic stimulants. If these are given immediately on the appearance of the colick, the digestion is re-established, and diarrhœa will be prevented. These facts prove that assimilation (digestion) goes on in the intestinal canal.

305. Imperfect digestion of the aliments often takes place during the treatment of partial chronic gastritis, by the soothing method; (par la methode adoucissante;) but the sympathies called up by this indigestion should not be considered as inflammatory. The treatment indicated in proposition 298 should be steadily pursued.

306. It is only when light food can be digested, that we can pronounce chronic gastritis to be cured.

307. He who does not know how to manage irritability of the stomach, will not know how to treat any disease. A knowledge of irritation and inflammation of the stomach and intestines is the key to pathology.

308. When pulmonic inflammations have resisted the usual antiphlogistic measures and blisters, they may yet be controlled efficaciously by cauteries, by setons, and by moxas, applied, as nearly as possible, to the seat of the disease. But this will not always hold good, when the inflammation is seated in the mucous membrane of the digestive tube.

309. Incipient acute hepatitis should be treated by active local bleedings, which remove the gastro-enteritic inflammation with which the hepatitis is almost always accompanied.

310. Chronic hepatitis is sometimes palliated by emetics, by purgatives, by calomel, &c. but it is rarely cured by any other means than a steady perseverance in low regimen, assisted by counter-irritation, and issues in the neighbourhood of the organ.

311. Jaundice, unaccompanied by pyrexia, is most commonly the effect of gastro-duodenitis; and is more effectually cured by the remedies of this phlegmasia, than by purgatives and the pretended solvents. This rule is still more absolute when the icterus is accompanied by febrile action in the system.

312. Peritonitis, in an early stage, is readily removed by leeches, applied to the abdominal parietes; but when the inflammation has continued several days, it is often beyond the power of art. General bleeding rarely cures this disease.

313. Puerperal peritonitis being generally an extension of inflammation from the uterus to the peritoneum, ought to be arrested in the beginning by numerous leeches to the hypogastrium. Emetics generally exasperate the complaint.

314. The warm bath does not cure peritonitis unless it causes a revulsion on the surface. If it fail to do this, it increases the malady. This rule, however, does not apply to emollient fomentations.

315. The warm-bath often exasperates the acute gastro-enterites; because stimulation of the surface is commonly propagated to the internal organs and tissues. Cold applications to the abdomen (the lungs being unaffected) are more beneficial than warm, in phlogosis of the mucous membrane of the stomach, and bowels. These applications sometimes prevent repetitions of the bleedings.

316. When inflammation seizes, at the same time, on the mucous membranes of the lungs and of the primæ viæ, we may, after bleeding, apply cold to the abdomen, and warm cataplasms to the thorax. But if, under this treatment, the cough gets worse, we must discontinue the cold applications to the abdomen.

317. Typhus fever being gastro-enteritis, produced by the action of miasmata, often accompanied by other local phlegmasiæ, and especially of the brain or its membranes, may be arrested by the treatment proper for these inflammations, if taken at a very early period.

318. When the inflammation of typhus is not attacked in the earliest period, sanguineous depletion is often dangerous; because the poisonous miasma that originated the phlogosis, enfeebles the vital powers and the living chemistry in such a manner that the loss of blood cannot be easily repaired.

319. The excessive exaltation of the vital phenomena, (or in other words, the excessive excitement,) is the most potent cause of their subsequent depression; and heat is the agent most capable of producing or increasing the primary excitement. Hence the fevers of hot countries, (where, besides, the miasmata are most poisonous,) are the most dangerous of all, and destroy the robust and vigorous more quickly than the weak. We are justified in concluding that cold applications in tropical fevers would be more efficacious than repeated bleeding; but this agent should be employed from the very commencement, immediately after bleeding—and internally as well as externally.

320. The slightest stimulant augments the intensity of fevers of hot countries, when exhibited at an early period. Emetics are then very dangerous—for example, in yellow fever.

321. As acute inflammations are much more rapid when they supervene on chronic, the most efficacious means of diminishing the ravages of yellow fever would be such as prevent chronic gastritis, (which is often the prodrome of acute inflammation in the same parts,) and render the individual acclimaté.

322. Acclimation to a hot country is obtained by general blood-letting—by abstinence—and by quietude:—but we should avoid the abuse of vegetable aliment and refrigerant drinks, which produce indigestion, this last induces gastric irritation, the basis of gastric inflammation.

323. Free living is dangerous, in hot climates, for the newly arrived, since it induces a prolonged action of the stomach, which keeps up an increased flow of blood to that organ. The same observation applies to the abuse of alcoholic drinks. Excesses, therefore, in eating and drinking retard acclimation, and facilitate the operation of febrific miasmata on the body.

324. The ingestion of slightly spiced waters, with a slight addition of alcohol and vegetable acid, should be used for the reparation of the fluids dissipated by excessive perspiration, in hot climates; but if the quantity of solid food be diminished to the proper standard, the thirst and perspiration will be much less considerable. 325. Concentrated stimulants are very injurious in tropical climates.

326. When prostration of strength has succeeded to high excitement in yellow fever, our principal resources will be found in acidulated drinks and glysters, and in cold applied to the exterior of the body, if the animal temperature be above par.

327. This proposition relates to the nourishment which is to be given in the last stages of typhoid fevers.

328. The nausea and vomiting which take place at the be-

ginning of acute gastro-enteritis are not to be treated by emetics, but by leeches to the epigastrium, and hot applications to the lower extremities.

329. Constipation is favourable in acute entero-gastritis, (this term always meaning inflammation of the *mucous* membrane,) as it indicates that the colon is not affected, and only requires one daily emollient lavement. If there be much heat of surface, this lavement should be cold.

330. Inflammation of the mucous membrane of the stomach, small and large intestines, is cured by leeches in considerable numbers to the anus and neighbourhood:—but if there be much prostration of strength, and the vascular system of the patient appears in a state of anemia, we must content ourselves with rice-water or gruel, with gum and sugar, together with lavements of the same, containing some aqueous solution of opium.

331. When a prolonged discharge from leech bites, in the early stage of acute gastro-enteritis, produces great debility, the practitioner should take care how he counteracts this by stimulants. The debility should be allowed to continue, as well as the discharge from the leech-bites, (unless the circulation become irregular,) as the cure will be more certain, and the convalescence more rapid, after such a reduction. If syncope take place, of course, we must exhibit cautiously some light cordials, leaving them off the moment the circulation is restored.

332. If the bleeding from the leech-bites should continue, notwithstanding syncope and symptoms of asphyxia, we should stop the blood, especially in young children, who are more subject to die of hæmorrhage than grown people.

333. Local bleeding, abstinence, and diluents will always check incipient phlegmasia, if the inflammation be of no great extent in the organ affected. But if several organs be in a state of phlogosis, at the same time, and to a considerable extent, as indicated by anxiety, restlessness, prostration, extreme frequency of pulse, we may then draw off all the blood of the body, and still leave the phlogosis in existence!—In such cases, we must not persist in sanguineous evacuations, merely because the pulse continues quick. We must economise the vital fluid, and the animal strength, and restrict ourselves to the exhibition of aqueous diluents, adding gum or milk, if the tongue and teeth be not encrusted black.

334. An incipient meteorism (abdominal distention) in acute entero-gastrites, will be dispersed by a single application of leeches to the abdomen:—it is also cured by ice applied to the same part. If left unattended to, or if stimulants be given, it may change into peritonitis.

335. Subsultus tendinum and delirium, supervening on acute gastro-enterites, indicate an extension of the irritation to the encephalon, and if taken in the earliest period of their appearance, will often give way to leeches on the abdomen; but if these symptoms have continued some time, we must attack the encephalic irritation (now actually inflammation) by leeches to the temples, or what is still better, to the line of the jugular veins.

336. When the appetite returns vigorously in the course, or at the close of acute gastro-enterites, some indulgence should be allowed in broths and light soups, notwithstanding the frequency of the pulse, the heat, and the redness of the tongue; —otherwise the hunger will increase the gastritis, and bring back the stupor, black tongue, prostration, &c. But the indulgence in more substantial aliments would be injurious.

337. When, during convalescence, from acute gastro-enterites, pain in the head, bad taste in the mouth, nausea, malaise, and quickness of pulse take place, we may conclude that the convalescent has indulged too freely in eating. In such case, he should be kept almost entirely without victuals for a whole day, rather than exhibit emetics and purgatives. In the course of the following day, the convalescence will be re-established.

338. When, in the course of gastro-enteritis, there supervenes cynanche parotidea, we should moderate this symptom by the application of leeches, if the patient be not anemic, (bloodless from depletion,) otherwise this external inflammation may renew the internal, or risk a congestion about the head.

339. When, in the course of gastro-enteritis, there supervenes a difficulty of making water, it is owing to an extension of the irritation to the bladder, and a prompt application of leeches to the hypogastrium will completely relieve this symptom, and prevent a host of accidents.

340. Epistaxis taking place in the course of acute gastro-enteritis is favourable, if the frequency of the pulse diminishes. If the hæmorrhage become excessive, we should restrain it by a blister to the nucha, or between the shoulders.

341. If hæmoptysis take place during acute gastro-enteritis, in spite of depletion, it requires a blister to the upper part of the sternum. Intestinal hæmorrhages require blisters to the abdomen, gummy drinks, or rice ptisans, acidulated with sulphuric acid.

342. Phthisis will be best prevented by early checking all inflammatory action in the respiratory apparatus.

343. We will cure HYPOCHONDRIASIS, and prevent scirrhous

affections of the stomach, as well as pulmonary phthisis, by those means which remove chronic gastro-enteritis. Exercise of the body and amusement of the mind stand in the first rank of therapeutic agents in the cure of hypochondriasis.

344. Engorgements of the liver will be prevented or cured by the same means which cure chronic inflammation of the gastro-intestinal mucous membrane.

345. Chronic gastro-enteritis is to be cured by the lightest species of food, and by small quantities, at short intervals, of mild aqueous demulcent fluids.

346. We must not treat by *repeated* bleedings, and by *extreme* abstinence, chronic gastro-enteritis, except in otherwise robust subjects; because such treatment would cause an extent of debility that would require years for its removal, during which period, the irritability would be great, and the patient liable to frequent relapses. But mild aliment and demulcents taken during digestion (in the intervals of meals) will almost always cure the disease, if the viscera be not organically affected. The patient should be warned that the cure will be tedious, but that this plan of cure is the only effectual one.

347. Riding is dangerous in chronic gastritis, (what Dr. Philip terms the second stage of indigestion,) where there is considerable exaltation of the sensibility of the stomach.

348. The air of large cities is injurious to persons affected with chronic gastritis; while that of the country is highly advantageous, especially if combined with exercise. The country air and exercise accelerate the digestion of the food, the prolongation of such process having always a tendency to keep up irritability in the stomach and intestines.

349. Vomits, purgatives, and tonics only procure temporary relief in chronic gastritis and gastro-enteritis, and render the radical cure more difficult.

350. The various mineral waters, whatever may be their temperature or their composition, seldom *radically* cure the chronic gastro-enterites; (indigestion and hepatitis;) but often exasperate them. These temporary patchings up generally leave the patient quite incurable in the sequel.

351. Engorgements of the liver, spleen, and mesentery being almost always the effects of chronic gastro-enteritis, cannot be properly cured but by the means which cure this last disease.

352. The medicines and mineral waters which cause an evacuation of bile, of mucus, and of urine, or which excite perspiration, hæmorrhage, or cutaneous inflammation, diminish, temporarily, by a kind of revulsion, the engorgements of the liver and spleen, the irritation of the primæ viæ not being

considerable; but it rarely happens that the above means operate a lasting cure. This can only be effected by a long perseverance in that abstemious system of diet and regimen, which suits the chronic inflammation or irritation of the digestive organs.

353. Chronic catarrh, with difficult expectoration of mucus from the bronchial membrane is *palliated* by the expectorants of authors; but it can only be *cured* by antiphlogistics, mild air, and by revulsion—(including counter irritation.)

354. If we hope to prevent those scirrhous affections of the cervix uteri, which come on about the critical period (as it is called) in women who have been affected with painful menstruation, we should allay the irritability of the uterus long before the said critical period arrives.

355. The abuse of venereal pleasures being a frequent cause of cancer of the uterus, we should endeavour to reduce those chronic phlegmasiæ of the cervix uteri which lead to this deplorable malady.

356. It does not always require a long period for the formation of urinary calculi, renal or vesical:—but their formation might often be prevented by timely application of leeches to the region of the kidneys, and by the use of emollient drink, as soon as the nephritic symptoms make their first appearance.

357. Powerful diuretics, including the alkalies, turpentine, &c. often indeed expel those small calculi which have already formed in the urinary organs; but they too often exasperate that latent phlegmasia which produced them.

358. Recent catarrhus vesicæ yields readily to local blood-letting, to diluent drinks, to abstinence, and to the re-establishment of any cutaneous irritation which may have previously disappeared; but if it (catarrhus vesicæ) have become chronic, it is often incurable; and diuretics are then only palliative. Those means which produce most benefit, under such circumstances, are almost invariably of an antiphlogistic character.

359. Insanity cannot exist without some degree of irritation in the brain, accompanied by, and not rarely dependent on, chronic inflammation or irritation in the primæ viæ. The treatment therefore should be, local blood-letting, antiphlogistics, and revulsion. In abandoning these cases to nature, we expose the insane to epilepsy, paralysis, and apoplexy, which are the results of inflammatory disorganizations in the brain or its membranes. We expose our patients also to organic affections of the abdominal viscera, the inevitable finale of long-continued and neglected inflammation there.

360. Pulmonary phthisis, peritonitis, rheumatism, and gout,

are only accidental diseases in mania:—not so phlegmasia of the mucous membranes of the abdomen, and engorgements of the abdominal viscera.

361. The principal distinctions of mania are not to be drawn from the kind of mental hallucination, (nature de delire,) but from the degree of organic irritation of the encephalon and digestive organs. The more inflammatory the graver the malady. The physical treatment must be based on the degree of physical lesion—the moral treatment on the nature of the hallucination.

362. Laryngeal and tracheal phthisis are always the effect of local inflammation not arrested in its early stages; and they do not prove mortal except by the supervention of pneumonia or gastro-enteritis. This misfortune, therefore, may be prevented by checking early the laryngeal or tracheal inflammation. If this be too far advanced, life may be procrastinated by preventing, as long as possible, the occurrence of pneumonia or gastritis.

363. Hypertrophia of the heart (not congenital) being often the effect of a latent phlegmasia of this organ, may be prevented by local and general bleeding, by digitalis, and revulsives.

364. Digitalis will not lower the pulse, unless the stomach be unaffected with phlogosis; and unless the principal viscera be also exempt from inflammation. Under opposite circumstances, this medicine accelerates the velocity of the pulse, and increases rather than checks the progress of inflammation.

365. Digitalis lessens the force of the loco-motive muscles, and may therefore be advantageously employed in convulsions, provided no inflammation exists in any of the viscera. But in no case is it prudent to exhibit very large doses of this medicine, or for a long period of time.

366. Spontaneous hæmorrhages should be treated as inflammations, viz. by bleeding, general and local, by refrigerants, and especially by revulsion, whatever may be the degree of strength in the patient. Revulsion is the best resource where debility is considerable. 367. Spontaneous hæmorrhage is often kept up by a local inflammation, near or at a distance from the place of hæmorrhagy. 368. These hæmorrhages often coincide with hypertrophy of the heart. Digitalis may then be useful, provided the stomach be in a fit state to receive it.

369. Spontaneous hæmorrhage very often succeeds to inflammation, or takes on the character of phlogosis in the same place. We should therefore treat hæmoptysis as inflammation,

by means of antiphlogistics and revulsives, without being restrained by the fear that tubercles pre-existed.

370. The mineral waters irritate and excite the heart and circulating system—augment the hæmorrhagic disposition, and even occasion hæmorrhages in those who are not predisposed to them, often determining aneurism, paralysis, or apoplexy.

371. Spasms and convulsions of every kind being the effects of a local irritation, fixed or ambulatory, cede to the treatment proper for such irritation—that is, to antiphlogistics, and sometimes to revulsion, where the irritated tissue is not disorganized.

372. Antispasmodics* will not cure convulsive affections, unless the stomach be capable of supporting them without being super-excited—and unless the local irritation, which is the cause, be under the degree of inflammation. On this account the antispasmodics are often detrimental in hypochondriasis and hysteria.

373. Antispasmodics may suspend the phenomena of the nervous derangement, notwithstanding the inflammation of tissue, on which these phenomena depend; but the malady will be exasperated, and the cure will not be effected, except through the medium of antiphlogistics and revulsion. Exercise of the voluntary muscles is the best mean of dissipating the disposition to convulsive movement and spasm in the system. It removes the visceral irritability and irritation by consuming them in another way and on another set of organs. It increases nutrition, and all the secretions.

374. Temperance is a condition, without which it is impossible to cure radically convulsive and spasmodic disorders.

375–6 Relate to the treatment of scurvy.

377. There are five modes of treating intermittent and remittent inflammations, now in use:—1mo, By antiphlogistics during the period of excitement—2ndo, By stimulants and tonics during the apyrexia—3tio, By stimulants during the febrile heat—4to, By stimulants administered at the very commencement of the cold stage—5to, By antiphlogistics during the apyrexia.

378. Intermittent inflammations cede to blood-letting and cold employed during the height of the hot stage, when the patient is robust and plethoric, and the disease recent:—in such cases, the leeches should be applied as nearly as possible to the principal seat of irritation.

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* By the term antispasmodics, M. Broussais means only those which are of a stimulant nature; and not the *demulcents*, which he avers to be the best and safest antispasmodics.

379. Intermittent inflammations (fevers) yield, without danger, to bark and other tonics administered during the apyrexia, when there is no constitutional plethora, and when the principal viscera, especially those of digestion, present no trace of inflammation after the hot stage is over—that is, when the fever is clearly intermittent.

380. Intermittent inflammations are rarely cured by stimulants given during the stage of excitement. This plan is apt to change the intermittent into continued or remittent inflammation, or fever.

381. Intermittent inflammations (fevers) are rarely cured by stimulants given at the accession of the cold stage, because the excitement which they cause, augments the intensity of the hot stage. This plan rarely succeeds, except after the employment of antiphlogistics, and in robust subjects, where the apyrexia is complete.

382. Inflammations with periodical exasperations, are cured by antiphlogistics, when some degree of inflammation (or irritation) continues in the viscera after the sweating stage; especially if this last be sufficient to keep up some pyrexia in the intervals—in short, when the fever is of a remittent character.

383. The surest plan of curing inflammations with periodical exasperations (remittent fevers) is to treat them at first by antiphlogistics, during the hot stage, and to continue this antiphlogistic treatment after the paroxysm, till the apyrexia is complete—then to give the bark or other tonics during the whole period of the intermission. Diffusible stimuli, at the very commencement of the cold stage may sometimes be allowed; but they are to be changed for cooling diluent drinks, when the hot stage sets in.

384. Bark and stimulants administered while there remains any inflammatory irritation in the digestive tube, may raise it into an acute and continued form—or they may stop the accessions, and establish a chronic and latent form of phlegmasia in those organs. It is in this way that bark produces *obstructions.*

385. Intermittent inflammations (fevers) abandoned to nature, undergo a spontaneous cure when they are mild in degree, and when the cause ceases to be re-applied:—in opposite circumstances, they either change into acute continued inflammations, or they degenerate into a chronic state of continuity, accompanied finally, by visceral obstructions and dropsy.

386. Obstructions of the parenchymatous viscera (liver, spleen, lungs) sometimes supervene on intermittent inflammations, without any elevation of the gastro-enteritis, into a

state of continued acuity. Such obstructions will be removed by the bark given during the apyrectic intervals.

387. When the bark stops an intermittent, and there supervene some degree of malaise, engorgement of the viscera, inappetence, and obscure febrile symptoms, we may conclude that the remedy was given too soon, and that chronic inflammation is going on in the mucous membrane of the digestive tube. This state is to be cured by antiphlogistics.

388. When, on the stoppage of an intermittent fever, there follows a bad condition of the digestive organs, the renewal of the fever (accidentally) by cold baths or purgatives, is fortunate, if each crisis removes the irritation from the alimentary canal. If not, this renewal of the fever is a misfortune. 389. Relates to the proper mode of administering the bark.

390. Those intermittent fevers termed, from their fatality, *pernicious*, *&c.* can only be treated in the same manner as those to which this epithet is not applied—but we must be more prompt in using the remedies.

391. Dropsy sometimes shows itself at the very commencement of intermittent fevers; but it is more generally the result or consequence of their prolongation.

392. Dropsy produced by an obstacle to the circulation, yields to bleeding and gentle diuretics, provided the cause of the obstacle be not incurable. Digitalis is useful when this obstacle is hypertrophy of the heart.

393. Dropsy produced by the sympathetic influence of a chronic phlegmasia, is rarely curable, because such phlegmasia seldom occasions dropsy till the seat of the phlogosis is changed in its structure. The treatment must be directed almost solely to the chronic phlegmasia, and the diuretics should be such as do not irritate the digestive organs.

394. The dropsy which depends on an accidental defect in the urinary or perspiratory secretions or excretions will yield to the re-establishment of these, by the proper means. Diuretics and even purgatives will cure these; but we must take especial care to remove the accompanying vascular plethora, and not to exasperate the phlogosis which may co-exist.

395. Those dropsies which result from bad digestion and assimilation, disappear under the influence of tonics, good air, good aliments; but those which are caused by the abuse of mercury or other mineral substances, are often obstinate, on account of the gastro-enteritis which accompanies them, and sometimes causes them.

396. Dropsies resulting from hæmorrhages or other evacuations, are cured by tonics, good food, and active diuretics; but

we should be very wary, in such cases, of too suddenly restoring the strength.

397. External scrofulous affections, unconnected with internal, may be removed by free application of leeches. The scrofulous diathesis, which is only an extension of irritation from tissue to tissue, will thus be checked. 398. Where this disposition to scrofula is not very inveterate, it may be removed by good air, and especially by exercise in the open air.

399. Stimulant ingesta will not cure the disposition to scrofula, except they excite the secretions at the same time. If they do not excite the secretions and excretions, they aggravate the disease.

404. Chronic inflammation of the lungs (phthisis) is more rare than the chronic gastro-enteritis (tabes mesenterica) of infantile scrofulous subjects; because at this period of life, the lungs are less liable to irritation than the mucous membrane of the stomach and bowels. We should take care therefore not to add to this inflammation by food or medicine.

405. Syphilis is an irritation which, like scrofula, is propagated from the exterior to the interior. It may be stopped by vigorous anti-phlogistics at the commencement. Even when become constitutional, syphilis may be eradicated by antiphlogistics and abstinence:—but the process being tedious and disagreeable, mercury and sudorifics are preferred.

406. Mercury cures syphilis by acting on the depuratory capillaries (secreting and excreting vessels) and thus causing a powerful revulsion. It should be seconded by abstemiousness.

407. Antisyphilitic medicines should be administered cautiously, as they are apt, if otherwise used, to occasion gastro-enteric irritation, which, being reflected on the external syphilitic affections, aggravates instead of curing them.

408. When anti-syphilitic medicines have produced entero-gastric inflammation; and the syphilis remains, it will not yield till the entero-gastric disorder is removed by a long perseverance in abstemiousness and antiphlogistic remedies.

409. The gastric phlegmasiæ induced by the abuse of anti-syphilitic medicines are readily transmitted to the lungs, and phthisis is the result, if abstinence and antiphlogistics be not promptly employed.

413. Syphilitic patients predisposed to gastric inflammation or irritation, should be treated on the antiphlogistic plan. If mercury be given internally, under such circumstances, the gastric irritation will be increased, and the syphilis itself often left uncured.

414. It is not safe to cure cutaneous eruptions attended with any degree of inflammation, by external stimulating applications. Antiphlogistics should first be employed.

417. The cure of intense phlegmasia, as of peritonitis puerperalis, acute rheumatism, pneumonia, &c. by tartar-emetic, calomel and opium, oil of turpentine, and drastic purgatives, is not effected by means of direct sedation; it results from the awakening of a great number of organic sympathies which open an extensive door to revulsion and critical evacuations. But if these stimulants fail in their purpose, they aggravate the original disease; and acute disorganization, or chronic inflammation is the result.

418. It is rare that the cure of severe morbid irritations by violent revulsive stimulants, is not followed by chronic irritation, and especially of the digestive organs. It is in this way that many cases of hypochondriasis are produced; for the stimulation of the stomach accumulates the sensibility of this organ, and gives more activity to the sympathies by which it is associated with the various other organs and parts of the body.

419 to 422. Relate to poisoning by various mineral, animal, and vegetable substances. They all act by producing irritation or inflammation first in the stomach and bowels, and reflected afterwards, by sympathy, to the encephalon, &c.

423. Debility is *most frequently* the product of irritation, and *sometimes* constitutes the whole disease.

424. Defective respiration is the most powerful cause of debility:—it produces necessarily abirritation (defective irritatability,) but sometimes this is preceded by irritation.

425. In excessive spontaneous hæmorrhages, even without phlegmasia, the debility is always preceded by irritation; and finally becomes the principal malady. But in traumatic hæmorrhage, the debility is not preceded by irritation, and to this debility all our attention must be given.

426. The paralysis which succeeds to cerebro-spinal affections, is always the product of irritation. The same may be said of the paralysis which follows excessive discharges, not sanguineous.

428. Whatever may be the degree of debility attendant on irritations, it is to these last that we are solely to direct our attention, whenever they are of such a nature as to be aggravated by the ingestion of food or stimulant medicines. When they are under this degree, we may direct part of our attention to the debility, and part to the irritation which accompanies or causes it. Finally, when the irritation has ceased, and debility

only remains, we are to be very careful in not too quickly removing this by too nourishing food, or too stimulating tonics.

429. Convulsions and pains, by whatever names they may be designated, leave behind them a debility, which *sometimes* furnishes the sole indication of treatment; but most commonly there is a degree of irritation left in the organ originally excited, which requires to be taken into consideration, when attending to the debility.

430. That debility which succeeds to venereal excesses, is always accompanied by irritation of one or of several organs.

431. Excessive external cold produces a debility which advances from the periphery to the centre, and may cause death. In these cases the debility constitutes the principal malady. But, if the external impression of cold be moderate, the vital powers excite, on the periphery, or in some of the organs, an irritation which becomes the principal malady, and which solely furnishes the indications of cure when the external cold has ceased to act.

434. Those miasms which emanate from decomposed animal and vegetable matters, and from the bodies of congregated sick persons, are sometimes so deleterious as to occasion debility, and even death, without re-action; but whenever they produce pain and fever, there is established in the digestive organs (mucous membrane) and often (by sympathy) in other organs, an irritation, which furnishes the principal indication of treatment. This is what constitutes typhus—and is then the product of infection.

435. Every person affected with typhus, may become a focus of infection for those who are well, and communicate to them the malady, if the patient be situated in a confined apartment, and the emanations proceeding from him become stagnant:—this is febrile contagion. But if the patient be placed in a well ventilated and clean ward, or chamber, this communication of the disease will be difficult. Are pestilential typhus and the eruptive diseases the only ones which can communicate contagion, in spite of these precautions?

441. When violent gastro-enteritis is prolonged to a certain point, the debility is such as to furnish indications which we must attend to, lest the patient die of inanition; for an epoch arrives when digestion is possible without exasperation of the symptoms, notwithstanding the persistence of the inflammation.

442. Those people, who have been a long time below that medium degree of embonpoint which comports with their constitution, require a long time to come up to that point again, with safety. They cannot support a certain vascular fulness without experiencing the effects of plethora, and risk of inflammation.

443. The sum of vital power diminishes in diseases of irritation, because the precipitation of the organic movements makes decomposition and elimination predominate over composition and absorption. We must except, however, certain *Bulimial gastrites*, where embonpoint and strength augment, in spite of irritation.

444. The indication of recruiting the strength by means of copious alimentation, is not to be drawn from the phenomena of emaciation or debility; but solely from the power of digestion and assimilation.

445. The indication of soliciting the stomach by means of tonics, is not to be founded on the debility or the emaciation of the patient, but rather on the paleness of the tongue, the languor, and the slowness of the digestion, after mild and unirritating aliments. Tonics are also indicated by certain pains in the stomach, by eructations, borborygmi, and colicky sensations that often accompany these slow digestions—all which phenomena disappear under a more stimulant alimentation, and proper tonics.

446. General debility, without any phlegmasia, requires only good food, with a moderate proportion of wine, if the stomach bears the latter without inconvenience. If the wine causes uneasiness, bitters should be employed.

447. Debility, accompanied by phlegmasia, situated elsewhere than in the digestive canal, requires light aliment which leaves but little feculence, the phlegmasia being acute. But this debility proscribes all stimulants. If the phlegmasia be chronic, the debility requires aliment of a substantial kind, but always of easy digestion. Tonics, in these cases, should be very light, and never long continued.

448. Debility with catarrh which exhausts by copious expectoration, unattended with fever, demands aliments substantial but easy of digestion, together with astringent tonics, in small doses, as the bark, the lichen, islandicus, and the acetatate of lead. Revulsives are here useful, but the suppuration should not be long kept up by counter-irritation.

449. The debility which accompanies acute gastritis, requires the treatment necessary for such inflammation; but that which accompanies chronic gastritis demands farinaceous aliment, milk, and even the white meats, taking care to cool the stomach by demulcent fluids, when heated by the process of digestion.

450. The debility attendant on chronic colitis (dysentery) requires farinaceous food, deprived, as much as possible, of all feculence that may irritate the colon; and also a moderate proportion of red wine, that may tend to delay the aliment in the upper portion of the intestinal canal; for the irritation of

the colon draws towards this portion of intestine the aliment before it is properly assimilated, and this produces the effects of a purgative.*

451–2. The debility produced by excessive hæmorrhages, and also that which succeeds to violent convulsions, (without gastritis,) require gellatinous, albuminous, and farinaceous aliment, with a small proportion of red wine, together with a cautious use of astringents and fixed tonics. But diffusible stimuli and high-seasoned food are injurious.

458. When, at the commencement of an acute disease, there exists extreme debility accompanied by great mental depression, it is a sign that the inflammation occupies a large proportion of the respiratory or digestive organs, or both at the same time. At this period, if blood-letting, general or local, in place of relieving the debility, increases it, we should not repeat the depletion, since there is evidence that the organs of digestion and assimilation, are not in a state to repair the waste of the system, much less any artificial depletion. Demulcent drinks internally—cold and counter-irritation externally, are the feeble resources of art on such melancholy occasions.

COROLLARIES.

460. Empirical medicine, which consists in remembering certain symptoms which have been observed, and applying certain remedies that have been found useful, without any attempt at physiological reasoning in explication, is bad practice, because one single diseased or disordered organ produces a host of symptoms which combine with those dependent on other deranged organs, thus forming a variety of shades and modifications, in which it is impossible to accurately recognise

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* For reasons which will be stated at the end of this article, we have avoided any comments on the therapeutical portion of M. Broussais' propositions: but we cannot help remarking here on the importance of proposition 450. Whoever has had the misfortune to be affected with chronic dysentery, will readily appreciate the justice of Broussais' statement; but few others will be sensible of its value. A small quantity of port wine, quietude, and gentle bitter tonics, will prevent the hurried passage of the imperfectly digested aliment along the upper bowels, and save the colon from unnecessary irritation. The writer of this article has found that small doses of the argentum nitratum will greatly reduce the undue sensibility of the small intestines, and conduce to the remora of the aliment there, till it is completely assimilated, and consequently till little is left for discharge through the colon.

the distinctive features or symptoms which are taken by the empiric for his model. We cannot practise safely, therefore, except by tracing the symptoms to the disorders of their respective organs.

461. But to practice medicine with success it is not sufficient merely to trace the symptoms to their organs; it is necessary also to determine in what respect these organs differ from a state of health—that is, we must ascertain the nature of the organic lesion.

462. The nature of the disease ought to furnish the practioner with the indication of cure. The nature of the disease is ascertained, 1mo, from a knowledge of the agents which have exalted, diminished, or deranged the action or function of the organ primarily affected; 2ndo, from a knowledge of the influence which this organ exerts on other organs; 3tio, from a knowledge of those agents which have the power of restoring the equilibrium of functions in organs, or controlling the intensity of disease.

463. The groups of symptoms which are given by nosologists as diseases, without referring them to the organs on which they depend—or without ascertaining the nature of the organic aberrations, are metaphysical abstractions which do not represent a morbid condition that is at all constant, invariable, or having a real model in nature:—they are artificial ENTITIES, and those who study medicine by this method, are ONTOLOGISTS.

464. To consider these factitious entities as morbific powers that act on the organs producing this or that disorder, is to take effects for causes—is to construct ONTOLOGY.

465. To consider the succession of symptoms which one has observed, as the necessary and invariable march or progress of a disease, and thence to draw certain characters essential to the diagnosis and treatment, is to create a factitious ENTITY; since affections of organs differ in their symptoms according to the nature of the morbific agents. In short, it is placing ourselves in a condition where we cannot know the disease or its treatment till after it has run its course!

466. To apply remedies to an ENTITY, without appreciating their effects on the organs which receive them, and those which sympathise with these organs, is to cure or exasperate a disease, without knowing why or wherefore.

467. He who cures a disease, without having correctly appreciated the physiological modifications, by means of which he has effected this cure, has no certainty of being able to ascertain or cure the same disease when it next presents itself to his notice:—hence it is that neither the success nor the

failure of the ontologist can render him a good practitioner, or enable him to teach others how to practise well.

FINIS.

The length of the therapeutical section of propositions, and our anxiety to finish it in this article, have forced us to avoid entering on any comments, in the form of notes, as we did in the physiological and pathological divisions. We were the less disposed to offer any remarks at present, in consequence of learning that the illustrious author was republishing the propositions with commentaries, through the medium of the Journal of physiological medicine. When his commentaries are complete, we shall dedicate an article to them in this Journal. In the mean time we can now say that we have laid before the English profession a more comprehensive and exact view of M. Broussais' principles than has ever before been done; and we are disposed to think that this exposé of a doctrine, which has now maintained its ground so long, and which is still extending its influence both on the continent and in this country, will be both useful and agreeable to our readers.

V.

TREATMENT OF STRICTURES.

I. *A Treatise on Stricture of the Urethra, &c.* By GEORGE MACILWAIN, Member of the Royal College of Surgeons, &c. 8vo. pp. 138. Anderson.

II. *Practical Observations on the application of Lunar Caustic to Strictures in the Urethra, &c.* By M. W. ANDREWS, Member of the Royal College of Surgeons. 2d Ed. pp. 249. Callow and Wilson.

IT is not always smooth water and sailing on velvet with surgeons, no more than with physicians. Surgical diseases, although more tangible in their forms, demonstrable in their sites, and traceable as to their causes, than those which are purely medical, are yet so modified by circumstances as to require a great variety in the manner and means of treatment—hence we have the same diversity of opinion, in regard to cure, as prevails in every other branch of the healing art! Take, for example, the single subject of stricture in the urethra. How many volumes have been written on the nature, causes, and methodus medendi of this complaint! Into what violent controversies have the advocates of simple and caustic bougies fallen! An octavo volume would be hardly sufficient to describe

the instruments which have been invented for opening out a free passage for the urine, when mechanically obstructed in the urethra.

The treatment of stricture has always hinged on two principles—mechanical dilatation, and chemical obliteration of the obstruction. The first principle is that which has been longest acted on, and is still preferred by a vast majority of surgeons. Sir Everard Home was the great advocate for the caustic in his day, and Mr. Andrews, the author of one of the works under notice, treads in his steps. Each principle has been put in practice in different ways. The argentum nitratum and the kali purum had and have their sworn advocates; while the principle of mechanical dilatation has given employment to the heads and hands of thousands, in the invention and construction of instruments. The wedge, or bougie, is chiefly used in this country—the dilator, as invented by Arnott, and improved and mounted with caustic by Ducamp, makes many converts in France.

Mr. Macilwain, whose small treatise lies before us, and which we consider to be the best manual which the student can take into his hands, decidedly prefers the successive introduction of bougies to the action of the dilator. His reasons are cogent. The mechanical obstruction cannot be *suddenly* removed by either plan—and that which is gradual and slow will be found the surest process. The dilator can be of no use where the stricture is incapable of admitting an instrument—and where it is capable, the dilatation can be effected by the introduction of a proper bougie. Mr. Macilwain prefers a silver catheter to all other instruments. "It admits of an exceedingly fine polish and uniformity of surface, which very much contribute to facility of introduction. Its lightness enables us to judge, with the greatest accuracy, of the force which the obstacle opposes to its progress, as well as that which we may employ to overcome it: further, we are assured of its entrance into the bladder by the urine escaping through it." Mr. M. has no hobby. He adverts to the inconvenience, pain, hæmorrhage, retention of urine, &c. which sometimes attend the caustic bougie; but he candidly admits that, "in relinquishing the argenti nitras, many have run into an opposite extreme." Impressed with the inconveniences, &c. abovementioned, and believing that the kali purum "is an equally effectual, and a safer application," Mr. M. admits "that there are a few cases in which the use of the argenti nitras is to be preferred."

In considering the comparative efficacy of the different modes of practice, Mr. M. is guided by the facts which practice has presented to his observation. It is a great error, he thinks, to attempt the removal of all strictures by one method:—and it is equally erroneous to suppose that each case requires a different kind of treatment. The great objects in the management of stricture are—a restoration of the canal to its natural diameter—prevention of untoward symptoms during the cure—and prevention of recurrence of the disease. The practitioner should always bear in mind "that stricture can only be overcome in a gradual manner." If the instrument be introduced too often, or the size too rapidly increased, the urethra will become so irritable, that a fortnight or more may

elapse before we shall be able to proceed with the treatment. As long as the improvement is progressive, the surgeon and patient should be satisfied. Mr. M. thinks, and we agree with him, that it is sometimes impossible to prevent the recurrence of stricture. In commencing the treatment, Mr. M. very judiciously recommends attention to the state of the bowels, and to the diet. It is wonderful how bad secretions and too full a system of alimentation will keep up stricture, and obstruct the removal of it by the best mechanical means.

When Mr. M. is unable to get through the stricture, or to increase the size of the instrument progressively, he has then recourse to the kali purum, as employed by Whately. He has rarely met with any unfavourable consequences resulting from it. Increased tenderness for a few hours or a day may take place, and sometimes, though rarely, pain in micturition; but these are the worst consequences he has ever witnessed. Under ordinary circumstances, one or two applications of the kali will enable us to proceed with the treatment by means of the bougie.

But the cases in which Mr. M. particularly recommends the kali purum, are those attended with remarkable sensibility of the strictured part, the moment it is touched by the bougie, followed generally by a discharge of some blood. In all such cases, our author has adopted the usual means of allaying irritation, at the same time that he has employed the kali purum. The precise share which the latter may have, therefore, in the reduction of morbid sensibility, he is not prepared to state. He has never used the argenti nitras, in *these cases*, and cannot speak practically as to its effects.

The cases to which Mr. M. limits the application of the lunar caustic are rare. The most remarkable feature in them is "extreme want of sensibility in the contracted portion." The rudest manipulations which are ever warrantable are unattended with pain, or succeeded by hæmorrhage. A very annoying symptom in this kind of stricture is the violent straining in making water—more distressing, however, than painful. In short, the character of this species is the very reverse of that for which our author has recommended the kali purum.

But, as our author acknowledges that he has not himself applied the argentum nitratum to the irritable strictures, we do not consider his limitation of the armed bougie to the insensible strictures as based on any very solid foundation. Indeed we have found the lunar caustic extremely useful in allaying this morbid irritability of the urethra, though the said irritability forms the grand objection, in Mr. Macilwain's mind, to the remedy.

In concluding this very short notice of Mr. Macilwain's little work, we have no hesitation in averring that it is the most judicious, concise, and ably written treatise on the subject which we have perused—and that it is most admirably adapted for putting the student and junior practitioner in possession of all the valuable information which has been accumulated on the subject of stricture.

Mr. Andrews' work is a second edition, the first having been printed 20 years ago, when the author resided at Madeira. It can-

not be expected that we can take any lengthened notice of a second edition—and especially as a considerable portion of the work is occupied with criticisms on the writings and opinions of others. To the senior practitioner this work will be more acceptable, on account of its critical examination of doctrines and practices emanating from men who enjoyed great popularity and fame in their day.

Mr. Andrews is a strenuous advocate for the lunar caustic in urethral strictures, and seems to have caught the mantle of Sir Everard Home, on this point of practice. He has given the "retort courteous" to Mr. Wadd, who appears to have handled our author's first edition somewhat roughly. Those surgeons who are inclined to the employment of lunar caustic, will find strong inducements to the practice in Mr. Andrews' book—and those who have taken up an unreasonable prejudice against the measure, as we are sure many have done, will probably alter their opinions, or at least modify them, on perusing this second edition, which contains numerous cases in illustration of the author's practice.

Among the objections to the use of lunar caustic in stricture of the urethra was urged the chance of the caustic slipping out of the bougie, and doing great injury to the canal. Professor Brande, however, has communicated to our author the discovery, that the muriatic salts of the urine *instantly* decompose the nitrate of silver, changing it into an inert and insoluble chloride of silver, by which transformation the caustic is, of course, disarmed of one of its greatest terrors. In the event, therefore, of the accident above alluded to, the patient has only to make water, and the decomposition of the caustic will be effected.

Upon the whole, we recommend the perusal of Mr Andrews' work to all surgeons who have the important subject of urethral stricture to treat. We do not advocate the caustic so strongly as our author; but we believe—indeed we know, that an unreasonable dread, or at least an unmerited disuse of the remedy prevails among surgeons, which the statement of cases brought forward by Mr. A. is calculated to counteract.

VI.

Clinique Medicale, ou Choix d'Observations, Recueillies à la Clinique de M. Lerminier, Medecin de l'Hôpital de La Charite, *&c. et Publiés sous ses yieux* Par G. Andral, fils. Tome Quatrieme. Maladies de l'Abdomen. 8vo. pp, 668. Paris, 1827. Balliere, Bedford-street, London.

ABDOMINAL DISEASES.

In the Periscope of our Eleventh Number, (January, 1827,) we gave a very extended account of M. Andral's Memoir on the Morbid Alterations of the Mucous Membrane of the Stomach, condensed from the Repertoire, in which the memoir originally appeared. This memoir forms the first chapter of the division of M. Andral's volume now under consideration, and shall therefore be passed over. We now proceed to the other chapters in succession.

CHAP. II.

"*Are there any special symptoms by which we can distinguish scirrhus and cancer of the stomach from other lesions of that organ?*"

These symptoms are of three kinds—the first are purely local, consisting of disturbances in the functions of the stomach—the second relate to the function of general nutrition, which is necessarily disturbed by gastric disorders—the third set of symptoms are purely sympathetic. Here it may be asked, are the different alterations of the mucous membrane, described in the first chapter,* to be recognized by any special symptoms during life? M. Andral answers in the negative. With the exception of some symptoms peculiar to mechanical obstruction of the cardiac or pyloric orifices of the stomach, by tumours, the same functional derangements will often be developed by the various organic lesions there described. Thus, it is a great mistake to suppose that lancinating pains are peculiar to that disease which we denominate cancer or scirrhus of the stomach. On the contrary, M. Andral undertakes to prove that these lancinating pains are comparatively rare accompaniments of this terrible disease—indeed, he is not quite sure that he ever saw any unequivocal instance of this accompaniment. Among the numerous individuals whom he and M. Lerminier have examined after death, and who presented scirrhous and cancerous affections of this organ, many never complained of any pain in the epigastrium—others complained of only a sense of constriction or weight there—some complained of tenderness on pressure—while many others could bear pressure without any inconvenience. In a considerable proportion, pain was only complained of after taking food. In short, on comparing the symptoms of those who merely laboured under gastric

* See Med. Chir. Rev. for January, 1827, from page 145 to page 161.

irritation or chronic phlogosis, with those in whom there was actual scirrhus or cancer, there were none which could be considered as characteristic of the latter or graver malady.

If we look for more certain diagnostic marks in the various derangements of the digestive function, we shall be equally disappointed: thus, in taking two extreme cases as examples, they have seen individuals, who, during life, exhibited no other morbid phenomena than anorexia, more or less constriction at the epigastrium, and some uneasiness after eating—and yet, after death, they found vast cancerous ulcerations, or extensive scirrhous indurations of the stomach. On the other hand, they have seen individuals who experienced great pain and misery after eating, with vomitings, acrid eructations, &c. and yet, on dissection, nothing amiss could be discovered in the stomach, except perhaps a little redness or softness of the mucous membrane.*

Will the qualities of the matters cast up by vomiting throw any light on the subject? It is said by authors that hæmatemesis is exclusively connected with the existence of fungous vegetations, cancerous ulcers, or softened encephaloid masses in the stomach. They have said that these diseases produced discharges like suet, or coffee grounds: and no doubt this is often the case; but the same kind of discharges not unfrequently occur under very different gastric affections, as mere injection of the vessels of the mucous membrane, or some slight thickening of this coat.

As to the general symptoms, whether sympathetic derangements, or defects of chylification, they are not better calculated than the local symptoms, to discriminate with certainty between the different organic lesions. At the same time it is certain that the pale yellow tint of the countenance, the emaciation, and the prostration of strength, are very characteristic of scirrhous or cancerous disease of the main organ of digestion.†

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* What will Dr. Philip say to this, who so confidently discriminates between the different *stages* of indigestion—between irritation and inflammation, merely by certain feelings communicated to the finger by the pulse—or by tenderness on pressure of the epigastrium?

† We lately attended a patient, (with Mr. Dickenson, a very intelligent surgeon, of Sloane Street,) who, for about five months, had been troubled with gastric disorder, which had progressively increased. Slight uneasiness a few hours after eating, was the first symptom—then sickness and vomiting, at longer or shorter intervals, with emaciation. Two months before death, when we first saw the patient, the vomiting occurred every day, or every second day, four, six, or ten hours after the principal meal—the matters thrown up being chiefly the remains of half digested food. He had little or no pain, except after eating. Upon careful examination, we thought we could perceive some little induration in the region of the pylorus, and leechings, counter irritation, and farinaceous food were tried but with little success. He got impatient, and resorted to several other medical men, and Mr. Earle among the rest. This gentleman ordered him to live solely on milk, taken in small quantities at a time. The effect was surprising. He lost his sickness and uneasiness—and returned to his avocation, (that of

From what has preceded, we may come to the conclusion that, unless a tumour can be actually felt in the region of the stomach, there is no diagnostic symptom by which we can distinguish what is called scirrhus or cancer of the stomach from chronic inflammation or irritation of that organ.

CHAP. III.

On Derangements of Function in the Stomach without any appreciable Lesion of Structure, in Individuals who had been affected with Chronic Gastritis.

Among those individuals whom our authors (for we speak of M. M. Lerminier and Andral) have seen perish under the various shades of chronic gastritis, some have sunk gradually, without the appearance of any other disease, but merely from debility, often without any febrile movement in the system till the last. In other cases the chronic passes into the acute form of gastritis, when fever, of a low type, then generally supervenes, in which the patient succumbs. In a good number of cases, however, death is occasioned by the supervention of a disease in some other part, as acute inflammation in the intestinal canal, in the peritoneum—perforation of the stomach itself, &c. In some few instances, our authors have seen patients affected with chronic gastritis die of cerebral disorder, that had supervened on the original malady. In such cases, the most careful dissection could not detect any appreciable lesion, either in the stomach or brain. The following cases are interesting, under this point of view.

Case. 1. A cook, aged 38 years, had laboured under symptoms of indigestion for a long time. He vomited up the remains of his food, every two or three days; but affirmed that he never felt pain in the epigastrium. The tongue was white, the emaciation considerable,

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master tailor,) concluding that he had, at last, found out a medical man who perfectly understood his complaint—not without some strong suspicions that all the others were mere bunglers. For a whole week, or more, he never vomited; but the fairy prospect of recovery then vanished—for ever! The gastric irritability returned worse than before—he emaciated rapidly—and died the most complete skeleton we ever witnessed. We assisted Mr. Dickenson at the *post mortem* examination, in presence of Mr. James Boyle and others. The Stomach was of extraordinary dimensions. The pyloric orifice was almost obliterated. It would not admit the point of the little finger. This orifice was surrounded with a scirrhous induration nearly as hard as gristle, which gradually lost itself in the coats of the stomach. There was no breach of structure in the mucous membrane; but about an inch and a half from the pylorus, there were the unequivocal remains of a former ulcer completely healed, the size of a shilling, and depressed, at least a line beneath the level of the surrounding parts. Upon examining his wife, we learnt that six or seven years previous to his death, he had laboured under a severe stomach complaint, for several months, but from which he had entirely recovered.

pulse rather accelerated; temperature of skin natural. Three weeks passed without any change in these symptoms, when on the 11th June, there appeared to be some wandering of the ideas. He kept his eyes fixed on the ceiling of the room. Blisters to the legs. In the course of the night the mind became more deranged, and on the 12th there was complete delirium. The patient lay on his back, his eyes turned up, and his mind apparently in a state of total abstraction. He would not reply to any questions, but only pronounced, from time to time, some unintelligible words. The pulse was quick, the skin moderately hot. 13th, The left pupil was strongly contracted, and the conjunctiva of the eye much injected. He appeared blind of this eye. The sense of hearing also appeared very obtuse—pulse extremely quick, but the skin not hot. He died the next day, without any particular symptom beyond what has been described.

Dissection. The meninges of the brain were free from injection, white, and transparent. The lateral ventricles contained a very small quantity of limpid serum, and the same was found, in very moderate proportion at the base of the skull. The cerebral substance was generally pale, and appeared sound in all respects. The thoracic organs were in a state of integrity. In the neighbourhood of the pylorus, the coats of the stomach were considerably thickened, and rather homogeneous in consistence. In the great arch of the stomach, there was an abrasion of the mucous membrane, the size of a thirty-sous piece. The bottom of this ulcer was formed of thick cellular membrane. In every other part, the stomach was sound. There were some points of injection in the mucous lining of the intestines; but generally speaking, they were very pale. No other disease in the abdominal viscera.

Our authors ask if the cerebral symptoms which appeared, and which indeed caused the death of the patient, could be called meningitis, or merely a sympathetic affection of the cerebral functions independent of phlogosis? We think the last conclusion must be come to, even by the stanchest supporters of the doctrine of Clutterbuck. The above case shows that irritation of the brain and nervous system may supervene on stomach-disease, without any transition of the chronic gastritis into the acute form.

Case 2. A woman, aged 40 years, experienced, for a long time, those symptoms which usually indicate organic disease of the stomach; as anorexia, tenderness or pain in the epigastrium; sense of uneasiness and plenitude in the stomach, after taking food; eructations; vomitings, though rarely, and only when the mind was irritated by any moral cause; constipation; apyrexia. The patient was still rather embonpoint. About ten days after she came into the CHARITE, she was siezed, without any known cause, with an attack of epilepsy. To these convulsions there succeeded a state of coma, with paralysis of the limbs, and rattling noise in the throat. She died 25 hours after this seizure.

Dissection. The pia mater covering the convexities of the cerebral hemispheres was injected and red, this redness appearing in stripes or patches. In no place was it so intense, however, as to render the membrane opaque. In other respects, the meninges appeared sound. The brain itself, and the spinal marrow were found without any appreciable lesion, their vessels being very moderately injected.

The stomach was greatly contracted, being not larger than a portion of intestine. The mucous membrane was of a slate colour, and thrown into numerous folds or wrinkles, which, on accurate examination, appeared to be unequal thickenings of the membrane, and not produced by mere contraction of the muscular coat of this organ. There was nothing amiss in any other part of the body.

Here there was no organic lesion which could account for the epileptic seizure that caused the death of the patient. But it is not in cases of gastric affection alone that our authors have seen fatal cerebral disorders supervene. They have observed similar accidents, where the stomach was sound, and only some chronic inflammation in the intestines. The following is an example.

Case 3. Catherine, aged 38 years, a cook, and whose mother was insane, had always been subject to violent head-aches, which she attributed to determinations of blood to the head. She had not menstruated for ten years past. She entered La Charite on the 29th September, 1826, and on the 30th presented the following symptoms :—eyes sparkling—pupils dilated, and but little sensible to light —no fixed pain in any part of the head—violent delirium, with intervals of sense, when she answered questions rationally—hallucinations of sight and hearing—pulse full, but easily compressed—respiration natural. By auscultation and percussion, the thoracic organs were found in a state of integrity. The tongue was dry, and slightly red, the papillæ salient—abdomen tender on pressure, especially in the epigastric region—constipation—urine scanty—the bladder appeared distended. Twenty-four leeches had been applied to the epigastrium ; and 30 more were now ordered to the anus and vicinity—with sinapisms to the feet—lavements, &c.

1st *October*; eyes haggard and watery—lies in a state of tranquillity and obstinate taciturnity—jaws firmly locked—pulse small and frequent—slight heat of skin. The history is not continued; but on the 28th of October, it was decided to send the patient to the Salpetriere, and she was pronounced to be insane. She was accordingly sent to that establishment, but died suddenly the very next day, at two o'clock in the morning.

Dissection. The membranes of the brain and spinal marrow, examined with the greatest care, presented no appreciable change of structure. The same might be said of the cerebral and spinal brain themselves. There was a small quantity of limpid serum in the lateral ventricles. Nothing particular in the thoracic viscera. A portion of the mucous membrane of the stomach, the size of a crown piece, situated in the great arch, was injected, and of a dark colour. The mucous membrane of the cæcum was also injected.

Throughout the whole of the colon the mucous follicles were strongly developed, and chronically inflamed. The mucous membrane, in the interstices, was not altered. The colon represented a triangle, the apex of which corresponded with the xiphoid cartilage, and the base with the hypogastric region. The uterus and its appendices were in a natural state.

Here there was no structural lesion in the brain to account for the death of the patient, and the only disease, of any standing, was the chronic follicular inflammation in the colon.

We now come to the second division of this chapter, in which the authors treat of nervous accidents resulting from acute inflammation of the mucous membrane of the stomach. Some of these cases we shall touch upon in this place.

Case 4. A man of middle age, was seized, without apparent cause, (four days prior to his entrance into the hospital,) with abundant bilious vomitings, pain in the epigastrium, and fever. In about twenty-five hours after the commencement of these symptoms the patient began to experience a difficulty in moving the lower jaw, which soon amounted to violent trismus, that continued two days. He was then conveyed to LA CHARITE, where he presented the following phenomena, viz. :—trismus—stiffness of the upper and lower extremities—abdominal muscles as hard as a board—intellectual functions undisturbed. He was able to relate his own case, notwithstanding the trismus—had no pain in the epigastrium—no vomiting. He was carried into one of the surgical wards, and died the same evening.

Dissection. Very inconsiderable injection of the meninges—slight red points in the cerebral substance—no appreciable alteration of structure in any part of the encephalic mass, on the most careful examination. The spinal marrow and its envelopes were perfectly healthy. The mucous membrane of the stomach was of an intensely red colour throughout its whole extent, which red colour could not be seen till a stratum of thick mucus was removed. The colour was found to be caused by very minute injection of the capillary vessels. The mucous membrane was not softened. The rest of the digestive canal was healthy, as was every other viscus in the abdomen and thorax.

The authors remark that they have rarely witnessed such an intensely red colour of the stomach, or to such an extent, as in the present instance. The gastric affection was well marked in the beginning; but no sooner did the tetanic symptoms show themselves, than those of the gastric inflammation became obscure. The transmission of the sympathetic irritation from the stomach to the spinal nervous system can only be accounted for by some predisposition in the latter organ, anterior to the gastric inflammation. The authors saw a case in LA CHARITE, where a man was affected with chronic pleurisy, for which a seton was inserted in the side. Immediately after this insertion, the man was seized with tetanus, of which he died.

Case 5. A wine dealer, aged 33 years, felt, on the 8th of October, a sense of weight in his head, more uncomfortable than painful. In the evening, there was general malaise—delirium in the course of the night. He was received into La Charite on the 9th. He complained to the house-surgeon of giddiness, tinnitus aurium, and he had some diarrhœa. In the night delirium returned. On the 10th, at the morning visit, he presented the following symptoms:—remarkable exaltation of ideas—great loquacity, yet with the power of answering pretty distinctly—extreme quickness in all his motions—face flushed—expression of the eyes natural—pulse full, hard, moderately quick—temperature of the skin natural—tongue clean and moist—abdomen soft, and bowels rather loose. As the brain seemed to be the seat of a sanguineous congestion, he was bled from the arm to 12 ounces, and diluents were exhibited. No alteration during the day. He had two or three motions in the course of the evening and night. The pulse became accelerated, and delirium returned in the night. 11th, He was quite sensible this morning, and in the same state as yesterday. Bled again from the arm, and sixteen leeches applied to the neck. The blood, both times, was covered with a thick buff. In the evening the delirium returned as before, and in the course of the night he became furious, requiring four men to hold him. 12th, The delirium continues this morning—the face is greatly flushed, eyes sparkling, and rolling violently in their orbits, constant vociferation, streaming perspiration from the head and face, the rest of the surface being dry. The violent contortions of the arms prevented the physicians from ascertaining the state of the pulse. The tongue appeared natural. Thirty leeches applied to the neck—sixteen ounces of blood from the arm, with great difficulty. No amelioration of the symptoms followed this depletion, although the leech-bites bled freely. At half-past nine (an hour and a half after the bleeding) he ceased suddenly to vociferate—his face became tumid and red—his arms rigid—the breathing interrupted—and in five minutes more he expired.

Dissection. The arachnoid was transparent—the pia mater very slightly injected—a very little limpid serum in the lateral ventricles, not more than is generally found in all bodies—substance of the brain natural, but presenting numerous red points when sliced—lungs sound—left ventricle of the heart remarkably enlarged, without thickening of its parietes—internal surface of the stomach pale, as well as two-thirds of the small intestines. In the inferior third there existed numerous red stripes or patches of the mucous membrane, which, however, was neither more dense, soft, or thick than in the interstices of these patches. These stripes represented a number of circumscribed phlogoses, none of them having passed the first degree of inflammation, namely, injection of the capillaries, and being without thickening or softening of the mucous membrane itself. The large intestines, and all the other abdominal viscera were perfectly sound.

It is observed by the authors that, in this individual, the cerebral symptoms were so strongly marked as to authorize the opinion that

the membranes of the brain were affected with idiopathic inflammation. Yet the said membranes presented no trace of phlogosis, and it was only in a portion of the mucous membrane of the small intestines that any mark of inflammation could be found, on the most careful dissection. This last disease produced no evidence of its existence during life, unless it was the slight diarrhœa which has been recorded above. "Was the terrible irritation in the brain and nervous system then, derived sympathetically from the intestinal inflammation?" The solution of this question the authors leave to their readers, contenting themselves with faithfully recording the facts. The suddenness of death, without any intermediate state between violent action and extinction of life, may well excite the speculations of the physiologist and pathologist!

CHAP. IV.

Investigation of certain Morbid Conditions of the Stomach and Intestinal Canal, which may be advantageously treated by other means than Antiphlogistics.

This is an important subject of examination, and imperiously calls for attention in these days, when all gastric affections, on both sides of the channel, are attacked by leeches. Hitherto our authors have brought forward diseases and disorders of the stomach, which they think demanded unequivocally the antiphlogistic treatment. "One of the great services," say they, "which have been rendered to humanity by M. Broussais, is that of having demonstrated that a group of symptoms generally attributed to debility of the stomach, were, on the contrary, connected with a state of *excitation* of that organ, requiring a soothing mode of treatment." This is very true. Bitters, tonics, and stimulants have been injudiciously exhibited by the routinists of France and England, where inappetency, emaciation, debility, and a thousand wretched feelings of mind and body were dependent on a morbid irritability of the gastric and intestinal nerves, which demanded reduction of diet, and the most unirritating medicines.

There is, however, observe our authors, another class of gastric affections, where the symptoms closely resemble those dependent on irritation or chronic inflammation of the mucous membrane, and yet where *post-mortem* examination can discover no appreciable lesion of that membrane. In such cases, the antiphlogistic treatment does not succeed, but rather aggravates the disorder.

"These cases are comparatively rare, but they are real. Thus we have seen many individuals in LA CHARITE who, during their sojourn in the hospital, had presented complete loss of appetite, without any nausea, vomiting, thirst, or pain in the epigastrium. They died of other chronic diseases, as of the lungs, lower portion of intestine, or liver; and on dissection, there could be found no appreciable alteration of the stomach. In other instances, the individuals, besides complete anorexy, complained of a sense of weight and tightness in the epigastric region, either constantly or after the ingestion of food. In others, still, there was actual rejection

of the food taken, and yet after death no traces of disease in the stomach. These facts prove that the functions of the organ may be disturbed without any appreciable lesion of structure." "Who," say the authors, "can affirm that, in such cases, the functional disturbance is the result of irritation?"

There certainly may be other disorders of the digestive function than those which arise from irritation or inflammation; but from all that we have ever "seen, felt, heard, or understood," there is pretty generally a *morbid irritability* of the organ co-existing with these disordered conditions, from whatever cause they may spring. Our authors justly observe that the stomach sympathises so universally with other organs and structures of the body, that any disorder of these organs will necessarily disturb the function of digestion, without any necessity for the existence of either inflammation or irritation. Why should it not be with the internal as with the external surface of the body? We see how chronic diseases modify the cutaneous envelope, in respect to its function, follicular and epidermic; without any appearance of inflammation or irritation. Why, in similar chronic diseases, should we not have the functions of the stomach profoundly altered? It seems indeed an universal, and, no doubt, wise law of the animal economy that, when other organs, as the lungs, liver, intestines, &c. are disturbed in their functions, the chymifactive process of the stomach shall be proportionately suspended or diminished; for, of what use would be the formation of chyme in the stomach, if the other processes, by which the chyme is rendered fit for assimilation with the general fabric of the body, are imperfect? The chymifactive process would then, in fact, if undiminished, aggravate the malady, instead of nourishing the body.

There are sometimes seen, in acute diseases, such disorder of the stomach, during life, as would lead one to expect alteration of structure after death. The following case is an example.

A child, three years of age, was seized with violent vomiting, without any known cause, which vomiting continued undiminished for 24 hours, without any other attendant symptom of consequence. The little patient then fell into a state of coma, which became more and more profound, till death ensued. The pulse had always continued very quick, but the tongue appeared natural. On dissection (in presence of the elder Andral and Dr. Descieux) the ventricles of the brain were found greatly distended with limpid serum, but no other morbid appearance in the brain or its appendages. The stomach was perfectly free from every appearance of disease, as were all the other organs of the body.

Here the violent gastric disorder was evidently produced sympathetically by the cerebral affection. It was one of the most marked cases of acute hydrocephalus, uncomplicated with any other disease, which our author has ever met with in practice.

From these and many other facts, it appears evident that the function of the stomach may be greatly deranged, without any appreciable alteration of its texture. And the same remark applies to other organs in the body, besides the stomach. We see diarrhœa

and other instances of flux from the bowels, without change of structure—cases of dropsy without manifest obstruction to the venous circulation, without any antecedent inflammation, and without any cognizable modification of the serous membranes—finally, do we not see the nervous system constantly deranged in its functions, without our being able to recognize any alteration in its structure?

M. Andral, although he has laboured in a former paper (see No. xi. p. 160) to show that many cases of softening of the mucous membrane of the stomach are connected with or dependent on some kind of chronic inflammation, yet acknowledges that there are many other cases, where chronic phlogosis cannot be taken into the account. "It appears to us that this softening which, in many people exhausted by chronic diseases, shows itself in the mucous membrane of the stomach, is only a part of that diminution of consistence which is seen in the muscular fibre, and even in the blood drawn from the veins of such patients." Indeed, it is by no means unreasonable to suppose that, in cases where the principal agents of life, the blood and the nervous system, neither nourish nor excite, in a proper manner, the organs of the body, the vital force of aggregation should also suffer in proportion, and fall below its normal physiological degree of intensity. Hence the diminution of cohesion in certain tissues, varying from what is vulgarly called "flaccidity of muscle," down to that condition where the solids of the body become semi-fluid. Thus the transparent cornea softens and becomes perforated where animals are insufficiently fed. M. Andral has seen the same thing in the human subject, both old and young. He has seen the central parts of the brain become almost fluid in children who had been miserably nourished, and who were in the last stage of marasmus. Yet this liquefaction of the cerebral substance was not denoted, during life, by any cognizable symptom of encephalic irritation or inflammation. Would it be a departure from sound physiology, says M. Andral, to place these softenings (ramollissemens) to the account of defect of nutrition or diminution of vital force? Who can affirm that all softenings of the structure of the heart are owing to chronic inflammation or irritation of that organ? The same may be observed of certain degenerations of the liver and spleen, of which, more has been said in another part of this volume. Finally, can the softenings of the bones, in ricketty children, be considered as a process of inflammation?

In some individuals, we find, instead of softening of the mucous membrane, a wasting or thinning of the coats of the stomach. In these, the muscular tunic is reduced to a few pale and scattered fibres; often indeed, in several portions of such stomachs, we find the parietes of the organ composed only of the peritoneal coat, and a slight layer of cellular substance. These phenomena are generally seen in those who have died of lingering chronic diseases. In one instance, however, our authors found this condition of the stomach in a young girl of considerable embonpoint, and who came into the hospital with symptoms of acute meningitis, of which she died. The previous history of the case was not ascertained.

"Another proof of the non-inflammatory nature of many of these softenings and thinnings of the coats of the stomach, may be drawn from the cures or alleviations of many gastric disorders, by remedies which are the reverse of antiphlogistic. We are disposed, say our authors, to regard as an affection quite different from gastritis, that ensemble of symptoms which practitioners have long designated by the term '*embarras gastrique*,' (or what we call in this country *stomach disorder*, or, indeed, *indigestion*,) consisting of loss of appetite, bad taste in the mouth, loaded tongue, (the papillæ not elevated or red,)—irregularity of the bowels, the stools being sometimes scanty and hard, sometimes frequent and loose—sensation of constriction or weight at the epigastrium—and occasionally nausea. To these may be added, a general malaise—habitual lassitude—sallow or yellow complexion—features expressive of distress—eyes lack lustre—pain or other affection of the head. This train of symptoms we have often seen resist the applications of leeches to the epigastrium, low diet, diluent drinks, &c. and rapidly give way to the exhibition of an emetic, or a brisk purgative. Is there not, in such cases, a vitiated saburral secretion from the mucous membrane of the stomach and bowels? Or are the vital powers (whatever they be) of digestion morbidly altered? Do vomits and purgatives, by exciting the stomach and bowels, together with the auxiliary neighbouring organs, re-establish the power of digestion? Do these remedies change, in some unknown way, the mode of secretion in the liver and pancreas? We know not. But this we know, that the treatment above-mentioned is very efficacious in these kinds of cases, and that the antiphlogistic treatment is useless, if not injurious."

Case 6. A young man, 22 years of age, had experienced, for three weeks before he entered La Charite, severe pain in the head, and frequent giddiness, together with loss of appetite, bad taste in his mouth, obstinate constipation. When examined in the hospital, his countenance was depressed, the tongue loaded, without any redness—abdomen soft, and free from tenderness—pulse a little accelerated—no heat of skin—great giddiness—violent pulsating pain in the head.* Leeches were applied to each side of the neck, and next day a large bleeding was taken from the arm. No amelioration ensued. During the three succeeding days, pediluvia, lavements, ptisans, &c. were employed, but all to no purpose. Seven days elapsed, and still the patient was in the same condition as when he entered the hospital, although the antiphlogistic treat-

* Those who have weak stomachs, and who are unfortunate or rather imprudent enough to commit an occasional debauch, know the terrible pulsating pain of the head which they experience the next morning, and which is greatly aggravated by the least motion. It often leads practitioners to apply leeches, whereas, the best remedy is some light stimulant. It is quite different, in its nature, from fulness of blood, or inflammation, and generally goes off, after the next dinner.—*Rev.*

ment was pursued, including leeches. On the tenth day, or more than a month from the commencement of the complaint, the patient was seized with spontaneous vomiting of a large quantity of green bile, which was followed by a smart purging of yellow liquid matters. Next day every symptom of his malady was gone, except a diarrhœa, which also ceased spontaneously in a few days more. The patient was discharged cured—not by the doctors, but by Dame Nature. "Would not an emetic, followed by brisk purgation, in the beginning, have cured the above disorder?" We think there is little doubt of it.

Case 7. A young man, twenty years of age, who had enjoyed good health, had become addicted to masterbation, and presently his digestion became deranged—he felt a load at his stomach after eating—he had great depression of spirits—and to these was added violent cephalalgia. These symptoms had continued some months, when a physician was consulted. Being now much alarmed, he discontinued his secret vice, but the cephalalgia and stomach disorder persisted, and he was supposed to be labouring under chronic gastritis. He was therefore put upon rigid diet, and leeches were repeatedly applied to the epigastrium. No success followed this treatment. The head-ache and the stomach disorder continued as bad as before. The regimen was then changed, and the patient was allowed a more substantial diet, consisting of animal food and broths. In a short time after this change was made, the head-ache disappeared—the symptoms of indigestion vanished—and the young man was restored to perfect health.*

Unquestionably the above case presents a state of stomach dependent on *debility and irritability*, rather than on any inflammatory action in the organ. This condition was kept up by the antiphlogistic treatment, and remedied by a change to light animal food, which is infinitely less irritating than the diluents and slops of the antiphlogistic regimen.

Our authors know a middle-aged man, of weakly constitution, who, for some time, had lost his appetite, and experienced much uneasiness, after taking food. The administration of sulphate of quinine restored his appetite and his health together. We have seen numerous cases of the same kind. Well may our authors ask —"can such a complaint as the above be any grade of gastritis?" The following case is calculated to produce some sensation on the Continent.

Case 8. The Countess of ——, aged 29 years, was the patient. Her father had died of an organic disease of the stomach. She was married at the age of 17, and had borne four children in the first five years of her marriage. She had contracted a blennorrhagia three years ago, which had been treated first with cooling diluents, and afterwards with astringent injections. The discharge ceased,

* See the paper on gastralgia mistaken for gastritis, in a former number of this Journal.

and she enjoyed good health for two years afterwards. She then experienced some moral afflictions of a distressing nature, from which time she began to lose her embonpoint—her complexion became sallow—and her digestion greatly disordered. She lost her appetite—food caused great uneasiness in the stomach, and was sometimes rejected by vomiting—no fulness in the epigastrium; but there was tenderness on pressure there—frequent eructations—tongue white—stools natural—pulse scarcely accelerated—skin dry and harsh—menses regular, but scanty. "Every thing seemed to announce the existence of chronic gastritis." "There were no symptoms of hepatic disease." Leeches were frequently applied to the epigastrium, and they seemed sometimes to diminish a little the morbid sensibility of the stomach and bowels. Tartar emetic plasters, blisters, counter-irritation of every kind, were employed, as well as sedatives internally, but to no effect, and the disease made progress. In the course of four months from the commencement of the symptoms, the vomitings became quotidian, and almost every species of food was rejected. Asses' milk was the only thing that could be retained.

The physicians were despairing of a cure, when, one day, the patient complained of a burning sensation in her throat, and a difficulty of swallowing. On inspection, a roundish ulceration was discovered in the posterior part of the pharynx, whose aspect had a syphilitic appearance. A question was now raised whether the disorder of the stomach might not be of a venereal nature. The physician clung to this idea, as affording the only hope of a cure. Mercury, in very small doses, was therefore exhibited, and continued for six weeks, during the first two or three of which, there was no aggravation or mitigation of the stomach disorder; but about the 27th day of the new treatment, the vomitings became less frequent and severe—the stomach began to show some power of digestion—the muscular force improved—the complexion became more clear. By the 40th day, the improvement, in all respects, was most unequivocal. Frictions were then added to the internal use of mercury, and after the 11th or 12th inunction, the vomitings entirely ceased—aliments could be retained and digested—the epigastric region became soft and void of tenderness—and, in short, the Countess was restored to perfect health.

We shall not stop to inquire whether the malady of the patient was syphilitic or hepatic; the probability being greatly in favour of the latter supposition. That the cure was owing to the mercury there can be no doubt.

DISEASES PRODUCED BY LEAD.

The divers preparations of this metal, our authors observe, which are introduced into the animal economy, in a state of extreme division, produce, both in the digestive organs and other parts of the body, a host of anomalous and strange affections, the cause of which has been too confidently attributed to chronic inflammation of the

intestines. To this pathology of the diseases produced by lead, the attention of physicians has been almost exclusively directed; but our authors think that the facts which they are enabled to bring forward, on this occasion, may perhaps shake the foundation of this exclusive pathology.

COLICA PICTONUM.

The history of this disease has been traced with care, by many writers; but still the following questions may be asked:—What is the nature of the disease? What is the exact condition of the digestive tube, in those who fall victims to the malady? What sort of lesions are those which are *consecutive*, and especially of the nervous system? Are these disorders of the nervous system *always* consecutive of the disease in the digestive organs? Are they not sometimes primitive? What is the best mode of treatment? Are the means which remove the colica pictonum adapted also to remove the consecutive or primitive affection of the nervous system? Is the colic produced by copper, in which disease there is diarrhœa, instead of constipation, to be healed by the same remedies as the colica pictonum? Finally, do not the symptoms and the treatment of the class of diseases under consideration, and the state of the intestines after death, throw some light on the nature of those various abdominal pains which cannot be accounted for as the results of either peritonitis or enteritis?

1. POST-MORTEM APPEARANCES.

We are told that, in those who die of colica pictonum, the intestines are found contracted in their calibre. Traces of inflammation, indeed, have been found in some cases, but not in others—hence we may conclude that the phlogosis is only an accidental complication, and not necessarily connected with the disease. Of more than 500 individuals who have been affected with colica pictonum, during the last eight years in LA CHARITE, five only have died, while under treatment—and two of these did not die of the colica pictonum, but of complaints quite independent of that disease.

Case 1. A painter, aged 33 years, had been already twice at LA CHARITE for the treatment of colica pictonum. He came in for the third time, in the year 1820, presenting all the usual symptoms of the disease, as violent abdominal pains, not augmented by pressure —shrunk state of the abdomen—vomitings—obstinate constipation —tongue natural—pains in the limbs—apyrexia. He had no motion during the last fortnight, and the abdominal pains were of five days' standing. He had taken castor oil, without effect. Immediately after his entrance, he was put on the usual treatment of LA CHARITE. On the third day, he complained of sudden and unusual pain in the region of the heart, and in a few minutes afterwards he expired.

Dissection. It was found that the root of the aorta, within the pericardium, had given way, and that bag had been filled with blood.

A most careful examination was then made of the parts concerned

in the original malady, as this was the first time they had had an opportunity of examining a patient who had died *during* the treatment of colica pictonum.

They were rather astonished to find a total absence of all contraction or straitening of the intestinal canal. The knuckles of great and small intestines were, on the contrary, more dilated than usual. The peritoneum was healthy. The internal surface of the stomach was pale, and of natural consistence and thickness. It was covered with ropy mucus. The duodenum was sound in all respects. In a few points of the small intestines, there were faint and very trifling arborisations of the vessels under the mucous membrane. The large intestines contained but a small portion of hard fæcal matters.

Now this patient died when the colica pictonum existed in a very intense degree, and yet there could scarcely be said to be a blush of redness on the mucous membrane of the intestines—and that too, after the patient had been taking drastic purgatives. It cannot be said, in this case, that the mucous membrane had been blanched by the hæmorrhage of which the patient died; for there were not eight ounces of blood in the pericardium.

Case 2. A man, of middle age, who worked in a white lead manufactory, had experienced, for some days, acute abdominal pains, and all the symptoms of colica pictonum. The disease was so well marked, that the house-pupil noted it on the man's ticket the day he came into the hospital. The very next day this patient was seized with apoplexy, and died in forty-eight hours afterwards. Purgatives and glysters, in this interval, had procured no stools.

Dissection. A large extravasation of blood was found in one of the hemispheres of the brain. The internal surface of the stomach presented a slight degree of injection, towards the great CUL DE SAC. In other respects, this membrane was in its natural condition throughout. The mucous membrane of the small intestines presented some slight traces of injection, particularly in the venous system. The membrane was otherwise pale throughout. The same was the case with the large intestines. There was no contraction of calibre in any part of the intestinal canal. As far as these two cases go, they certainly afford no ground for considering colica pictonum as dependent on enteritis.

Case 3. A man, 50 years of age, a plumber by trade, entered LA CHARITE, for violent colicky pains, under which he had laboured for some days. The common treatment of the hospital was commenced. On the third day he was relieved a little, but still suffering severely. In this state he was taken suddenly with nervous symptoms of a grave character, which carried him off in two hours.

On dissection, the mucous membrane of the stomach presented nothing in particular. In the intestines, a few isolated points were injected red, but not to such an extent as to show the colour through the peritoneal coat. The rest of the tube was transparent. In the

transverse arch of the colon, there were a few inches of the inner membrane red. No other appreciable alteration could be found in any of the three cavities.

In this case it will hardly be contended that the *post mortem* appearances could at all account for the symptoms of colica pictonum during life.

Case 4. A ship-painter, aged 38 years, entered LA CHARITÉ, for the treatment of colica pictonum, the symptoms of which were very well marked. On the succeeding day he had an attack of epilepsy. For some days afterwards the abdominal pains continued their course, but were not very severe. The usual hospital means were employed. Ten days after he entered the hospital, the colica pictonum still in existence, the man fell down suddenly and died.

On dissection, the mucous membrane of the stomach, near the pylorus, was of a slate colour, in a space double the size of a crown piece. The small intestines were pale, with the exception of a few spots of injection, and a few of the valves of Peyer, with minute black specks in their centre, near the valve of the colon. The internal surface of the transverse colon presented a small patch of red, and there the mucous membrane was softened. It is needless to observe, that more strongly marked appearances of inflammation than the above are often seen, where no colica pictonum, or any symptom of enteritis existed during life.

Case 5. A plumber, aged 50 years, had had attacks of colica pictonum several times, and was now in the third week of an attack, when he entered LA CHARITE. The pains were not severe, but they were constant, and exasperated from time to time, so as to cause the patient to cry out. The constipation was obstinate, and the upper extremities were paralysed, as to muscular power. The ordinary treatment of the hospital was commenced. On the 4th day, he was seized with symptoms of asphyxia, and died suddenly.

The stomach was found distended with fluids. Towards the great *cul de sac*, there was a portion of the mucous membrane softened, though white, except two small round spots. All the rest of the gastric mucous membrane was of natural appearance. The intestines, small and large, were dilated rather than contracted. In the mucous membrane of the small intestines, there were some injected patches. The rest of the membrane, throughout the whole canal, was unaltered.

Thus, in the whole of these five cases, there were evidently no *post-mortem* changes to account for the symptoms of colica pictonum. To these five, our authors add one, observed by M. Louis. The patient was in the eighth day of an attack of colica pictonum, when he died suddenly. No disease was found in the intestinal canal.

SYMPTOMS.

Our authors do not enter into an analysis of the common symptoms of this disease, which are so well known; but confine themselves to remarks on some particular phenomena.

They observe that it is not correct to say that the abdominal pain, in colica pictonum, is always diminished by pressure—in some, pressure *increased* the pain. Yet, in all these cases, the other phenomena of the disease were similar. Neither is it true that the abdomen is always shrunk in the malady under review. In many cases the abdomen is unaltered in volume: in some, it is distended beyond the natural size. The most constant and unvarying symptom was the constipation. It precedes the abdominal pains—and these last dimiminish in proportion as the constipation is overcome. But the digestive tube is not the only organ which suffers in colica pictonum. The nervous system is often affected in a remarkable manner; and thus a great variety of phenomena are produced, according to the idiosyncrasy of the individual and other circumstances, in the locomotive as well as in the nutritive system. The most common of these nervous disorders is the pain in the limbs, and especially in the arms. These pains often precede the colick: sometimes they constitute the whole of the apparent morbid phenomena, the digestive organs being unaffected. Hence our authors rationally conclude that the disorders of the nervous system are not purely sympathetic of the disorder in the digestive tube. These pains are often accompanied by a remarkable debility of the muscles in the vicinity of which they are situated—which debility gradually changes into veritable paralysis. Thus we find the *sensibility* of certain members exalted, while their muscular powers are diminished or annihilated. What takes place in the limbs bears no small analogy to what obtains in the bowels, where we find great *pain*, accompanied by want of contractile power in the muscular coats of the intestines—at the same time that the mucous membrane is much less sensible to the presence of even drastic purgatives.

The most ordinary site of paralysis, in those who handle lead, is in the extensor muscles of the hand—hence results, from loss of balance of power, an habitual contraction of the flexor muscles, the hand being clenched, and the wrist bent on the fore-arm. This paralysis does not generally occur till after the individual has been a long time subjected to the emanations and contact of lead, and till he has had repeated attacks of the colica. Nevertheless, our authors have seen some exceptions to this statement. The paralysis is generally very slow of cure. It is not always confined to the wrists—it sometimes invades the whole of the upper extremities, and causes total immobility of those members. The sensibility of the skin is generally preserved, as was before observed. The intellects are hardly ever affected.

After what has been said of the symptoms, it is rather in the spinal marrow than in the brain that we can expect to find any traces of organic change after death. The encephalon, examined with the greatest care, presented no lesion to our authors' view. The spinal canal

contained a small quantity of limpid serum, such as is generally found in all bodies. The envelopes of the spinal marrow were pale —and the medulla itself was completely free from every physical lesion that could be detected by the eye. Neither could any thing be discovered in the nervous plexuses of the neck—the nerves emanating from the spine—or the pneumo-gastric nerves. With the exception of those appearances which have been already described in the stomach and bowels, there was no appreciable mark of disease in any organ of the body. "No doubt," say our authors, "there was serious alteration in the cerebro-spinal axis; but this alteration could only be demonstrated by the symptoms, and not by dissection." In a few instances, our authors saw complete or incomplete paraplegia in colica pictonum, with exaltation of the sensibility, and great pain in the members paralyzed.

Instead of paralysis, they have seen some instances of convulsive movements, and epileptiform attacks, in those who had been subjected to the poison of lead. The following is an example with the *post mortem* examination.

Case. A ship-painter, aged 38 years, had colica pictonum when he entered LA CHARITE. The following day, he was seized with epilepsy, the attack lasting a long time, and being succeeded by apoplectic symptoms, which continued from 30 to 40 hours. In this attack the patient appeared several times to be in articulo mortis; yet he recovered his senses and muscular power, the colicky pains continuing, though not in a violent degree. Some days passed thus, when, one evening, just as he was getting into bed, he fell down and instantly expired.

The body was opened 14 hours after death. The meninges of the brain were pale—the encephalon presented no sign of congestion—very little serosity in the ventricles. The rest of the brain, the spinal marrow, and the nerves emanating from them were carefully examined, but no lesion could be detected. The thoracic and abdominal organs were all sound, with the exception of some traces of injection in the mucous membrane of the intestines, as before recorded. The foregoing, as also the following case, are among those already mentioned, as having died suddenly. The dissection then only related to the state of the digestive tube. They are here introduced, to show the investigation of the cause of sudden death.

Case. A plumber, having the colica pictonum, when he entered LA CHARITE, was sized, three days afterwards, with complete insensibility, and loss of all muscular power, of which he died in one hour. The brain and spinal marrow were examined with the greatest care, but no appreciable alteration from a state of perfect integrity, could be detected. M. Louis has made similar observations.

In a few cases, admitted into LA CHARITE, of colica pictonum, the symptoms were rather different from those already enumerated. There were palpitations, violent cephalalgia, dyspnœa, returning in paroxysms—cough of a nervous character, resembling that which

sometimes attends globus hystericus—a numb sensation about the heart, resembling that in the arms, and somewhat analogous to the sensations experienced in an attack of angini pectoris.

TREATMENT OF COLICA PICTONUM.

Several physicians now follow the treatment of De Haen—namely, the purely antiphlogistic method; and it is indisputable that many patients recover perfectly under this system. But then it is to be remarked that, when the colica pictonum is in a moderate degree, the patient will get well in an hospital or in any other situation, where he is no longer exposed to the poison of lead, and that without any medical treatment whatever. This being premised, our authors do not set themselves up as censors of this or that method of treatment. They present themselves merely as historians of what they have actually seen. They are not constructing systems of pathology; but only collecting materials for such systems. Nevertheless, our authors think they are justified in drawing the following conclusions from the facts which have presented themselves to their notice in La Charite.

1mo. Colica pictonum, treated by sanguineous depletion (leeches) and emollient drinks, is much more tedious of cure than when treated on the plan of La Charite.*

2ndo. Many cases which have entirely resisted the antiphlogistic method, cede to that of La Charite.

3tio. We have never seen this latter method fail. Sometimes indeed it is necessary to go through the process two or three times, in order to effect a complete cure. In many cases, however, the symptoms disappear as soon as evacuations are procured upwards and downwards.

4to. Conducted with prudence, and administered opportunely, the Charite plan of treatment never produces any bad consequences. The drastic purgatives which are given never inflame the intestinal canal, kindle up fever, or load the tongue.

Men frequently come into La Charite who have had numerous leeches applied to the abdomen, aided by warm baths, and milk diet. Some of these are relieved; but none completely cured. The constipation persists, and the abdominal pains are still complained of by

* This treatment, which indeed goes by the name of La Charite, is rather complicated; but consists almost entirely of emetics, cathartics, diluents, and anodynes. Thus, on the patient's first reception, a purgative enema is given, which consists of infusion of senna, sulphate of soda, and tartar emetic. In the course of the same day, the patient takes two pints of a diluent laxative ptisan, in which there is an ounce of sulphate of magnesia, with three grains of tartar-emetic. In the evening, he has an anodyne glyster; and by the mouth some theriaca andromachi and a grain and a half of opium. Next morning, an emetic is given, after the operation of which, he has a sudorific ptisan, through the day. In the evening the opiate and enema as before. This process goes on, with little variation, for six or seven days. One, two, or three courses of this treatment are generally sufficient for the cure.—*Ed.*

these patients. Once entered in LA CHARITE, and put upon the treatment by drastic purgatives, &c. they soon get entirely cured.

We shall pass over some cases which our authors relate, in illustration of the effects of strychnine, brucine, &c. as no very favourable results appear from these heroic remedies.

Finally, our authors come to the conclusion, that colica pictonum is not an entero-gastritis, but a disorder of the nervous system which presides over the functions of the digestive organs. The obstinate constipation appears to them to depend on the annihilation of muscular power in the intestinal coats, or suspension of the mucous secretion of the bowels—or, perhaps, on both.

On some morbid states which, from their symptoms and treatment, have more or less analogy to the painter's colick.

Some of the symptoms of colica pictonum occasionally appear (our authors remark) in people who have *not* been subjected to the emanations or contact of lead. Hence they conclude that the disease may possibly arise spontaneously. The following is given as an example, and on it we shall take the liberty of making some remarks.

Case. A nail-smith, aged 38 years, of strong constitution, had had no passage through his bowels, for some days; and was seized, on the 22d of June, with severe abdominal pains, particularly about the umbilicus. He took an opiate, and the pains diminished a little; but in the night, they returned with increased violence. Our authors saw him the succeeding morning, 23d June. His face was pale, and expressive of distress—eyes dull, and sunk—abdominal pains insupportably severe—no increase or diminution by pressure—obstinate constipation—tongue natural—apyrexia complete. Two ounces of castor oil were prescribed, and several alvine evacuations were procured. He was greatly relieved, and slept well in the night. From this time the bowels were kept open, and he had no return of the pain.

We are rather surprised that M. Andral should bring forward the above case, as one which bears an analogy to colica pictonum. We consider it as one of simple spasmodic colic, from retention of matters in the colon, producing irritation and spasm there. A continuance of the disease would have led to inflammation, which is contrary to the course of the painter's colic. There was also an absence of all symptoms of paralysis.*

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* But whether the above disease bore any analogy to colica pictonum or not, it is evident that it was not produced by lead. And here we shall venture to record it as our opinion! that the case reported from the Royal Infirmary of Edinburgh, by SCOTUS, was not one of colica pictonum at all. We shall give the case, as in the original report, in No. 179, of the LANCET.

Case. Elis. Campbell—"She was admitted on the 2d of November for

It is true, our authors relate cases where the constipation continued most obstinate at intervals, for a month or more, ultimately giving way to purgatives. Still, we cannot look upon these as having any real affinity to colica pictonum. Our authors mention a phenomenon which they have observed in some of these cases, and which is worth adverting to in this place. It was this:—when the pains came on periodically, a tumour, apparently formed by a distended knuckle of intestine, would show itself in some part of the abdomen, and persist as long as the pain was felt, disappearing as soon as the pain ceased. In such cases, there was no symptom whatever of fever. Now, we think that this very phenomenon shows that these cases bearing, as is said, some analogy to colica pictonum, are merely instances of spasmodic colick.

We believe there are many *tumours* of this kind, which are said to be organized morbid growths, and which suddenly appear and suddenly disappear, under certain modes of treatment that gain great credit, with little merit, on such occasions.

" There is another species of colick, which presents symptoms evidently inflammatory—and recognizes for cause the handling of

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an extensive burn of the abdomen, and contiguous parts of the body. The ulcer, in the usual time, assumed a healthy aspect, and continued to cicatrize in the usual manner, and nothing particular occurred in her case so far, except that her convalescence seemed more tedious than might be expected, even from so serious an injury, having never regained her wonted energy. Her pulse continued quick and feeble; her tongue slightly furred; her colour of a cadaverous hue; her features sharp, anxious, and attenuated; and, on asking her several times as to the cause of these appearances, she could assign no other reason for their presence than weakness and long confinement to bed. All her symptoms became more intense, and she now began to complain of a tendency to *costiveness, and of weakness in the extremities, from her knees downwards. On the 16th of January, the abdomen became tender and tympanitic, and she complained of violent pain.* An enema in the night brought away a large dejection, but she remained much in the same state, and was ordered a colocynth pill every sixth hour.—17th. The pain in the abdomen remained unabated; the bowels not opened during the night, and passed but about four ounces of urine. An injection of sulphate of soda and senna, and a dose of castor oil, were ordered to be taken immediately. From this to the 19th, she had taken at intervals castor oil, calomel, tincture of aloes, and had fomentations, and several enemata of turpentine administered, but without any effect. At eight o'clock on the night of the 20th, she was visited by Dr. Hunter, and ordered eight grains of scammony, and three of hyoscyamus every third hour, but, becoming worse during the night, an infusion of thirteen grains of tobacco was given in the form of injection, which freely evacuated the bowels in the course of about two hours. Since that period she remains in a state of extreme debility, *and with a tendency to constipation.*"

In a few days after this report, she died. Now we appeal to the practical reader, after what has been stated in this article by M. Andral, whether the above case bears any analogy whatever to the disease called colica pictonum? —The description requires only to be set forth, to carry conviction in the negative. It is true that Dr. Ballingall, in his clinical reports, alludes to this case as one of colica pictonum; but, with all deference for his authority, we think he was quite mistaken.

copper. It is very often met with in LA CHARITE, among artisans who work with this metal. It differs from colica pictonum, 1mo, by the lesser intensity of the pains—2ndo, by the existence of diarrhœa—3tio, by the accompaniment of febrile symptoms—in short, by its being manifestly the result of a *veritable* inflammation of the intestines. Yet, even in this disease, we have seen M. Lerminier give, with success, the most energetic purgatives, which form the basis of the treatment for the saturnine colick." 509.

We shall introduce a single case in illustration.

A copper-founder, aged 50 years, had enjoyed habitual good health. For about a fortnight before he entered the hospital, he had been afflicted with abdominal pains, which occasionally became so severe as to cause a tendency to fainting. For ten days, he had tenesmus of a very distressing nature. He was tormented by a constant desire to go to stool, nothing being passed but mucus streaked with blood. The abdominal pain was not increased by pressure—tongue clean—features shrunk—slight acceleration of pulse, with but little increase of heat. On the first day, M. Lerminier applied fifteen leeches to the anus. Next day there was no amendment. He then determined to put in force the treatment for saturnine colick. On the third day, after abundant evacuations had been procured, upwards and downwards, the abdominal pain became much lessened, and the tenesmus disappeared. The treatment was continued, and the dysenteric symptoms soon ceased. The patient had a speedy recovery.

We had hopes of being able to include in this article the important subject of peritoneal inflammation, acute and chronic, which occupies nearly 200 pages of the present volume; but find ourselves obliged to defer it to a separate article in our next number. There is a great mistake every day committed, by including in the term ENTERITIS, the phlogosis of the peritoneal and mucous membranes of the intestines. Yet the diseases are *very frequently* quite independent of each other—and are always very different in their symptoms, in their termination, and in their treatment. We shall therefore make no apology for dedicating an entire article in our next number to the subject of peritoneal inflammation, than which there is not a more dangerous phlogosis incident to the human frame, or one which requires greater vigilance or discrimination on the part of the practitioner.

VII.

Medical Botany; or Illustrations and Descriptions of the Medicinal Plants of the London, Edinburgh, and Dublin Pharmacopœias, with those lately introduced into Medical Practice; comprising their Generic and Specific Characters; English, Provincial, and Foreign Appellations, &c. &c. &c. By JOHN STEPHENSON, M.D. Graduate of the University of Edinburgh, and JAMES MORRS CHURCHILL, Esq. Surgeon, Fellow of the Medico-Botanical Society of London. London, Published by Churchill, Leicester-square. Royal Octavo, Monthly Number, containing four Plates, with Letter-Press, &c.

CHEMISTRY and Botany, the two great auxiliary sciences of Medicine, have been cultivated by Physicians in very disproportionate degrees at different periods. For more than half a century, the brilliant discoveries of Chemistry have almost eclipsed the humbler science of the vegetable world. Whether the former has occupied an undue portion of attention, is an inquiry not strictly necessary to the subject now under consideration, and one that we do not venture to determine. But that Botany has been undeservedly neglected, we mean the application of the science to the practical purposes of Medicine, and that probably from the comparatively low estimation in which it has been held, is a truth so palpable as not to require demonstration. Much of this neglect may have originated in the vain expectations once formed, of chemical remedies supplying a list of Materia Medica, so certain in their operations, so durable in their qualities, and so unchangeable in their nature, as altogether to supplant and render nugatory the perishable materials of which vegetables consist. It must be familiar to most reflecting minds, that such expectations have been carried far beyond what experience has substantiated; and we cannot, perhaps, approximate nearer the truth, than by affirming that they have eventually proved as undeserving serious consideration, as the once prevalent and absurd doctrine of signatures in plants, or the improbable and seductive though still popular notion, of there being no disease incident to man or animals, but what has its peculiar and appropriate antidote in the vegetable kingdom.

Among other causes to be assigned for the present inattention to vegetable remedies, and the scantiness of the Botanical Materia Medica, we may mention the long catalogue of reputed and traditionary virtues, sometimes of a contradictory nature ascribed to such a vast number of plants; the uncertainty that still exists, notwithstanding all the industry and research of successive generations, in regard to many vegetables employed by the ancients; and the frequency of disappointments, arising from the wilful substitution of herbs, and ignorance, or neglect of those entrusted with the care of

collecting and preparing them. To the combination of all these circumstances, operating at a period when the dawning improvements of modern chemistry promised such vast accessions to our remedial stores, we may attribute the general neglect of Medical Botany.

From the earliest ages, vegetables have been employed to alleviate human suffering, and still constitute almost the only remedies of savage nations. Among the Greeks, the writings of Theophrastus, Galen, and Dioscorides on Plants, have escaped destruction. Latin translations of the latter were very numerous in the 16th century: among the commentators upon it, the Venetian Matthiolus and the Swiss Baukin deservedly rank foremost. The laborious compilation of Pliny, and the concise treatise of Apuleus, we derive from the Latins. These authors furnish us with the information we possess respecting the vegetable remedies of the ancients. Their successors were, for the most part, but servile copyists; the Arabs, it is true, added something to the stores of their predecessors; but there was no material advancement until some time after the discoveries of Gamba and Columbus rendered the rich stores of distant countries accessible to Europe. From the invention of Printing, for a period of half a century, the *Ortus Sanitatis*—a treatise of medicinal herbs, &c. wholly compiled from preceding authors, and ornamented with wood-cuts of the rudest fabrication, was almost the only work that appeared. It went through many additions, and was translated into several languages. Brunfels printed, early in the 16th century, an Herbal, that is still esteemed for its expressive Wood engravings. A host of Writers followed soon afterwards, some of whose works, as those of Fuchius, Clusius, Cæsalpinus, &c. were original; some, as Matthiolus, were commentators on the Ancients; and others, as Dodöens, Tabernæmontamis, Gerard, &c. were compilers of Herbals. All these works are still more or less valued by Botanists for their wood-cut representations of plants, and are replete with relations of their medicinal virtues: but it happens unfortunately, that in what they have borrowed from the ancients, there is often much uncertainty as to the plant; and that which is original is frequently set down upon insufficient data, especially the extremely delusive one of ascribing all recoveries from diseases to the plants which were administered.

From the Ortus Sanitatis to the middle of the last century, Herbals were common in every country. These generally consist of laborious compilations from previous writers:—They at length accumulated into such a chaotic mass as to render selection impossible, and bewilder judgment. A natural consequence was, that they became too vast for comprehension, and were altogether discarded. Succeeding writers in vain attempted to reduce these redundant compilations: the indiscriminate labours of their ancestors had so choaked the garden with weeds, that, in eradicating them, they could seldom distinguish the noxious, and could not avoid destroying the useful with the useless.

Since the large folio Herbal of Sir J. Hill, in 1745, Woodville's Medical Botany is the only work in our language that deserves no-

tice. Too much cannot be said in praise of the excellent coloured plates, and great variety of information it displays. Like all other works in progressive sciences, lapse of time has rendered it incomplete, and has naturally created a demand for a new undertaking to occupy the field thus opened. This, if we may judge of the future by the specimens now before us, Messrs. Stephenson and Churchill's work seems admirably calculated to supply.

With the view of directing some portion of attention to the subject under consideration, we have exceeded the limits usually devoted in this Journal to the auxiliary branches of Medicine. It must be admitted on all hands, that, whilst any efficacious vegetables are retained in our Pharmacopœias, and so many others that deserve insertion, lie neglected and unknown, an acquaintance with Medical Botany ought to constitute a necessary part of professional education. Judging from the degree of attention it has attracted during the few last years, we may reasonably infer that its value and importance are already becoming more duly appreciated, and we anticipate, ere long, the revival of a branch of Medical Literature, that will contribute, in no small degree, to the improvement of the Healing Art.

Before we close these introductory observations, we would strongly impress upon the rising generation, the duty of making a practical knowledge of the Science of Botany an acquisition of their early years. Independent of its direct and immediate advantages, the beautiful simplicity observed in the arrangement of Plants, the precision in the use of terms, and the nice discrimination of the various parts of the vegetable economy, will prove valuable collateral and consecutive benefits, by the ideas of order and accuracy they will naturally instil into the mind, and by the excellent foundation they will thus prepare for future studies. Sir J. E. Smith's classical *Introduction to Botany*, and recent *English Flora*, are the best works that can be placed in the Student's hands:—They possess the advantage of being written in the vernacular tongue. Drummond's elegant *First Steps to Botany*, a work of much taste, will be found as entertaining as it is useful. The Latin *Compendium Floræ Britannicæ* will form an excellent pocket companion. A sparing use of plates—to solve doubts, not to learn species, will be advantageous, especially if access can be had to those standard works,—*Smith and Sowerby's English Botany*, or to *Curtis's* large *Flora Londinensis*, with the splendid continuation by Professor *Hooker*, of Glasgow. But, in default of these, the wood-cuts of the old Herbals may be resorted to, of which the huge folios of Gerard, edited by Johnson, 1636, and Parkinson's *Theatre of Plants*, are the best.

The design of the present publication is sufficiently explained in the Title Page, which we have extracted at length: the execution is highly creditable to all parties. As regards the plates, we may observe that the colouring is, in general, excellent, and the natural habit or appearance of the Plants remarkably well depicted. After the Scientific and English Names, follow the Class and Order of the Linnæan arrangement, the Natural Order and the Generic and Specific Characters. The principal synonyms of authors, together with

the Foreign and provincial appellations, come next, and then a full description of the plant, the habitat or place of its growth, and the time of flowering. This forms the strictly botanical department of the Work. Afterwards we have the Qualities and Chemical Properties, Medical and Economical Uses, Symptoms of Poisoning, Morbid Appearances and Treatment, Preparations, Officinal and Selected, collected, with much labour and ability, from a great variety of authors, and interspersed with a considerable share of original matter and observation.

We were rather surprised at not observing references to several works, that appear to us more worthy of quotation than some that are given. The plates of Sowerby and Curtis are infinitely preferable to the figures in Gerard and Parkinson. We think Woodville's Medical Botany and Stoke's Botanical Materia Medica might be usefully quoted throughout. The latter work is invaluable as an index to preceding writers; it contains many thousand references to volumes and pages, besides an extensive catalogue of their works, and must have cost the author an immense labour of research.

We purpose to devote a series of short articles to this subject, noticing the plates in each successive number of the work now lying before us, and to extract from the letter-press such parts as appear most deserving the attention of our readers, whether on account of their novelty or utility. To those who can afford it, we strongly recommend the work itself.

NUMBER I.—JANUARY, 1827.

PLATE I. ATROPA BELLADONNA—*Deadly Nightshade or Dwale.* The natural habit of this plant is well represented in the first plate, and the colouring is good, except that the hue of the flowers is too purple, instead of being of a dull reddish brown colour. The new vegetable principle of *Atropine*, discovered by Brandes, the process for its preparation, its chemical properties, and powerful action on the animal economy, are fully noticed. Next follows a copious account of the medical properties and uses, from which we make the following extracts, as presenting what we believe to be new to most of our readers.

"As a topical remedy, the powder and decoction have been successfully applied to cancerous and ill-conditioned painful sores: and we have found sciatica, lumbago, the pain of venereal nodes, and anomalous muscular pains, readily yield to the influence of its extract, when used as a plaster. By some, a bougie, armed with it, has been applied to spasmodic strictures; and, if rubbed on the under surface of the urethra in similar cases, it will often relieve; and likewise alleviate the pain of chordee: but, even here, its great power cannot be easily controlled; as, in some instances, the muscles of the perineum and penis have been so paralysed for a time, that the urine has flowed away involuntarily."

It would appear, from the latter part of the above paragraph, that Belladonna exerts a similar influence upon muscles, that it has upon

the iris. Dr. Conquest writes, that in protracted labour, arising from rigidity of the os and cervix uteri, he has "seen decided benefit result from the introduction of about half a dram (drachm) of *Extractum Belladonnæ*, by gently rubbing it about the mouth and neck of the womb. It has suspended unproductive uterine action, and produced relaxation of parts, so that, on the recurrence of expulsatory pains, the os uteri has readily yielded, and permitted the head to pass."

Our limits will not allow us to notice the Symptoms of Poisoning, Morbid Appearances, and Treatment, which are given in detail from Paris, Orfila, &c. It may be useful, however, to add, that other plants are frequently used by Pharmacopolists and Druggists instead of Belladonna. We know that, in a large provincial town, the *Solanum Dulcamara*, *Woody Nightshade or Bittersweet*, was universally mistaken for it. An old Herbalist, being once desired to gather some for a surgeon, who found the extract he procured totally inert, produced the Black or Garden Nightshade (*Solanum Nigrum.*) Errors like these satisfactorily account for many of the contradictory statements we find recorded respecting the virtues of vegetable remedies, and forcibly illustrate the utility of a scientific knowledge of the various articles of Materia Medica. Linnæus well observed, "*primus gradus sapientiæ est res ipsas nosse.*"

PLATE II. Convolvulus sepium—*Great or Hedge Bindwind.* A well known and very ornamental indigenous plant, growing in most hedges ard osieries, is introduced in the second plate, on account of the cathartic properties residing in its roots, as well as in most species of the same genus; Scammony and Jalap are familiar examples. The present plant deserves consideration, as a cheap and efficacious purgative.

PLATE III. Lolium temulentum—*Bearded or White Darnel, or Drake*, is figured, on account of the noxious effects it produces when mixed with corn. It is a grass growing abundantly in cornfields in some countries, but, fortunately, of rather rare occurrence in Britain. Mixed with corn, either for baking or brewing, "it produces headache, vertigo, vomiting, lethargy, drunkenness, difficulty of speech, and the tongue exhibits a very strong trembling; while Seeger remarks that a trembling of the body is one of the most certain signs of poisoning by this plant." Hence the trivial name *temulentum.* We pass by numerous classical quotations from the Ancients, which prove that this plant was the *infelix lolium* of Virgil, and its noxious properties well understood. We may just observe that it is the Zirzania of the New Testament, (St. Matth. ch. xiii.) which in our translation, is called *Tares;* and in some, as the Gaelic, *Cockle.* If the statement contained in the following passage be correct, it cannot be too widely promulgated. It certainly demands inquiry.

"We fear that Beer not unfrequently owes its powers to Darnel; being credibly informed, by an eminent practical botanist, that two

acres of ground in Battersea fields were lately cultivated with it; and we know no other purpose to which it could be applied."

PLATE IV. CROTON TIGLIUM—*Purging Croton*, is said to be the only correct representation of the plant, and our authors acknowledge themselves indebted to Mr. Frost for permitting them to figure it from a drawing in the Library of the Medico-Botanical Society, as well as for much of the information contained in the letter-press.

The purgative virtues of the oil prepared from the seeds of this plant are now generally understood in this country. In its native places of growth they have been known from time immemorial, and were noticed by the botanists who first described it.

NUMBER II.—FEBRUARY, 1827.

PLATE V. LEONTODON TARAXACUM—*Common Dandelion.* This common seed is admirably drawn and coloured. It is a well known aperient and diuretic, seldom employed, though highly esteemed, and recommended by many authors.

"The stomach is frequently irritated by its own secretions, arising from chronic inflammation affecting some of the abdominal viscera, especially the liver: and in protracted cases of this kind, where active treatment would be injurious, the decoctum Taraxaci, or the extract, administered three or four times a day, will often prove a valuable remedy. In habitual costiveness, the result of a long residence in hot climates, dandelion is a most efficient medicine; for, instead of impairing the constitution further, by producing a purgative action that it may be difficult to control, it assists the bowels in their functions and constrains them mildly and regularly to perform them; while Dr. James Johnson ranks it among those agents that possess the power of preventing the formation of biliary concretions, by keeping up a due and healthy secretion of the liver."

The extract, prepared according to a formula furnished by Joseph Houlton, Esq. F.L.S. is recommended, as possessing *all* the virtues of the Plant. That found in the shops is often inert.

PLATE VI. DATURA STRAMONIUM—*Thorn Apple*, is well depicted. A separate figure of the ripe seeds of this plant would have been an useful addition to the plate, as cases of poisoning generally happen by children partaking of them. The testimony of Professor Bigelow is adduced, from the American Medical Botany, in support of the efficacy of the leaves smoked as tobacco in spasmodic asthma. He remarks:—"The efficacy of this medicine was called in question by Dr. Bree, who published, in the Med. and Phys. Journal, a letter containing the result of a great number of unsuccessful trials of stramonium in asthmatic cases. It may be doubted whether any

other physician has been so unfortunate in its use as Dr. Bree, since he affirms, that not one case of those under his care was benefited by it. Certain it is that, in this country, (America,) the Thorn-apple is employed with very frequent success by asthmatic patients, and it would not be difficult to designate a dozen individuals, in Boston and its vicinity, who are in the habit of employing it, with unfailing relief, in the paroxysms of this distressing complaint. The cases which it is fitted to relieve are those of pure spasmodic asthma, in which it doubtless acts by its sedative and anti-spasmodic effects." We wish the American Professor had detailed the symptoms of what he designates pure spasmodic asthma more at large. We see no reason to doubt the efficacy of the remedy.

PLATE VII. represents SPIGELIA MARILANDICA—*Maryland Worm Grass, or Carolina Pink*, a plant of vermifuge powers, used by the Cherokee Indians. Our authors justly regard it as an unnecessary appendage to the Materia Medica. We think the Plate might have been spared.

PLATE VIII. ŒTHUSA CYNAPIUM—*Fool's Parsley.* This weed, occurring frequently in cultivated grounds, is sometimes mistaken for Common Parsley, and produces deleterious effects. By comparing the two Plants with this expressive figure, none of our readers will run the risk of deserving the application of its specific appellation.

NUMBER III.—MARCH, 1827.

PLATE IX. HYOSCIAMUS NIGER—*Common Henbane.* The general appearance of the plant is portrayed with great accuracy, but we think the flowers rather too small in proportion, and the beautiful veins on the corolla not sufficiently displayed. The valuable narcotic qualities of this plant are too generally known to require notice. The treatment in poisoning is the same as for other narcotics.

PLATE X. PHELLANDRIUM AQUATICUM—*Water Hemlock*, is now referred by Sir J. E. Smith, as by Lamark formerly, to the Genus Œnanthe, which it resembles in quality, as well as the structure of its fructification. The seeds are said to be carminative, diuretic, and narcotic, and have been much recommended on the Continent in pulmonary consumption. The testimonies adduced do not appear very satisfactory; but those who are disposed to make trial may administer from 15 to 30 grains for a dose. We are pretty certain that Cattle are sometimes destroyed by eating of this plant, as well as *Cicuta Virosa.*

PLATE XI. HELLEBORUS NIGER—*Black Hellebore.* This once celebrated remedy is now fallen into disuse. "Were it expunged," say the authors, "from the list of our Materia Medica, we could

easily fill up the vacancy by indigenous plants of greater utility." We may, therefore, proceed to the next.

PLATE XII. LACTUCA VIROSA—*Strong-scented Lettuce.* We think the lower leaves on the stem taper too much to a point, and are too sharp posteriorly, but the general habit is exquisitely displayed. When bruised, this plant exudes abundance of milky juice, having a bitter acrid taste, from which we have no doubt a valuable substitute for opium might be prepared. Besides its known properties as a mild sedative and diuretic, it is said to allay palpitations of the heart and reduce the pulse.

"We have ascertained, to our own satisfaction, that it possesses a most important virtue, viz. *that of reducing the velocity of the pulse,* at the same time that it appears to increase its tone; and so remarkably efficient did it act on one patient, that three small doses of the tincture decreased the arterial action in the wrist, from 120 pulsations in the minute to less than 70, accompanied by intermissions. Unlike Digitalis, its effects on the brain are scarcely felt; and as the subject is one of considerable interest, and of no little consequence, we trust that our professional brethren will endeavour to elucidate our remarks by further investigations."

Here we must conclude the present notice. We trust that, whilst, on the one hand, the remarks we have made will tend to revive the study of this interesting branch of Medical Science; the copious extracts we have introduced will favourably recommend Messrs. Stephenson and Churchill's Medical Botany to the profession. The work certainly merits high commendation. It bears internal evidence of much care, extended research, great judgment, and unwearied industry, and we confidently anticipate that its reception will be such as to encourage them to proceed, instead of suffering it to remain uncompleted on account of the heavy expenses attending such publications, as has not unfrequently been the fate of similar excellent undertakings.

Nos. 4, 5, and 6 came to hand while this sheet was in the press, and, therefore, we must defer an account of them till next quarter.

VIII.

The Life of Edward Jenner, M.D. L.L.D. F.R.S. Physician Extraordinary to the King, &c. &c. with Illustrations of his Doctrines, and Selections from his Correspondence. By JOHN BARON, M.D. F.R.S. Octavo, pp. 608. London, Colburn, 1827.

THE grave has now closed over the author of vaccination. Smallpox was certainly one of the severest scourges that ever infested humanity; it was worse than the plague itself, since that calamity

either destroyed its victim or permitted him to escape; while this, if it failed to extinguish life, too often either deprived the unhappy sufferer of vision, or rendered his face unseemly to the sight of strangers, and heart-rending to friends. Inoculation was undoubtedly of great utility, it was a counterpoise, and not an insignificant one, to affliction, deformity, and death; yet still it occasionally failed, and took away life from the innocent and healthy being that had been consigned to its protection. To inoculation, vaccination followed, which is justly characterized to be one of the greatest improvements ever made in the practice of medicine. If vaccination had only succeeded once in twenty cases, the benefits of it would have been considerable; but they become nearly incalculable, when, beyond all dispute, it is successful in guarding the constitution from variolous infection in the plurality of instances. Again, had vaccination been a disgusting or dangerous experiment, the advantages of it might have been depreciated: but, when it is indubitably the reverse, every one must acknowledge the almost universal blessing which it has bestowed upon the human race. "Envy will merit as its shade pursue;" censure is the tax that talent pays to the world, since the author of every discovery or improvement of importance has been vilified in his turn, and his right to them either denied or controverted. Such is the perversity of mankind, such is the injustice practised towards genius, that the laurel crown is first withheld from him that has fairly won it, and when meekly worn, it is attempted to be plucked from his brows by base and jealous hands. Yet is it highly honourable to the medical profession, that, although the small-pox and its direful consequences were a source of no inconsiderable emolument, they received and propagated vaccination with singular ardour and disinterestedness, and incontestibly demonstrated, that in them, the love of science was superior to the desire of gain. Unquestionably, the vaccine inoculation had its opponents, but they were insignificant in rank and numbers, and could boast of no respectability, except what might attach to the names of Ingenhouse, Moseley, Rowley, and Birch. During the last sixteen years, the practice of vaccination has been fixed on a permanent basis; its feeble enemies, feeble even in mischief, have sunk into oblivion; and though it has not, like the test of a literary reputation, survived its century, little doubt can now be entertained of its eternal success. Vaccination has subtracted one from the sum of human miseries; it has not only guarded mankind against a most pestilential disease, but preserved beauty, the charm which either graces intellect, or atones for its deficiency, from a deformity that was sometimes worse than death.

Who Edward Jenner was, where he flourished, what was his character, what his pursuits and acquirements, what the mark of his genius, how his juvenile mind, in a happy moment, unalterably fixed itself on the popular tradition of his native vale, and how, by acute investigation, and acute experiments, he attained, amid anxiety and disappointment, calumny and opposition, the darling object of his soul, and exalted himself among the benefactors of his species, are questions which will be often agitated. Dr. Baron, of Gloucester, ap-

pears, with singular propriety, as the biographer of Dr. Jenner. He knew him most intimately, and had known him long; he admired his virtues, and was zealous for his fame; and, independently of all private feelings, he was solicited to write, and stimulated to exertion by having the necessary papers of the deceased consigned to his inspection. He lived not at a distance, or in a distant age; he had not common traditional report to depend upon; or vague information to guide him, which might have been, and frequently is, clouded by prejudice, obscured by ignorance, and misrepresented by malevolence. To conclude, he had, and has had, abundant fair play:—Personal knowledge, long intercourse, unreserved friendship, local residence, satisfactory documents, and numerous relatives, and warm friends, anxious to support him in his undertaking, and ready to cheer him in his progress. If this be not a royal road to biography, words have lost their meaning; and, unlike royal roads, in has been trodden by a writer that deserved it.

The first one hundred and twenty pages of this handsome volume, which is ornamented by a likeness of the author of vaccination, printed on fine paper, and dedicated to the King, are devoted to the private life of Dr. Jenner, up to 1798, when he published his "Inquiry," including letters from John Hunter to him from 1773 to 1783; and the remaining four hundred and eighty-eight are principally assigned to the early history of vaccination, and to disquisitions on it, small-pox, and the peculiar opinions modestly and elegantly advanced on these subjects by the deceased, and which are now revived, and maintained to be correct by his biographer. The publication of the first part, (the present work,) without waiting for the completion of the second, says Dr. Baron, in his introduction, seemed to be expedient, both to the executors of Dr. Jenner and to myself, and other reasons concurred to give strength to this decision. When this second part appears, we shall not fail to notice it; and, meanwhile, overlooking, as we necessarily must do, all vaccine and variolous topics, we will attempt to compose, from the materials now before us, a brief and faithful biographical article. Such an article cannot be otherwise than interesting, since where is the reader who does not wish to know more or less of the life, character, and abilities of the man that rendered such a signal service, not only to his country, but the world; not only to the millions now living, but to millions yet unborn?

Edward Jenner was born in the vicarage at Berkeley, in Gloucestershire, on the 17th of May, 1749, and was the third son of the Reverend Stephen Jenner, A.M. of Oxford, rector of Rockhampton, and vicar of Berkeley, by the daughter of the Rev. Henry Head, of an ancient and respectable family in Berkshire. The father of Jenner also possessed considerable landed property, the family being of great antiquity in Gloucestershire, and the neighbouring county of Worcester. He was unfortunately consigned to the tomb, soon after the birth of Edward, in the year 1754, at the age of fifty-two. This heavy loss to Edward was partly alleviated by his eldest brother, Stephen, a clergyman; and he had likewise another brother, named Henry, of the same profession. From him sprang the

Rev. George C Jenner, and Mr. Henry Jenner, who afterwards assisted their uncle Edward in his pursuits, Jenner had three sisters, Mary, Sarah, and Ann who was married to the Rev. Wm. Davies, and gave birth to three sons.

Jenner, when about the age of eight years, was put to school at Wotton-under-Edge, under the Rev. Mr. Clissold. He was next placed at Cirencester, under the Rev. Mr. Washbourn, where he made a respectable proficiency in the classics, contracted friendships which continued through life, and displayed his taste for natural history. Having finished his education, he was apprenticed to Mr. Ludlow, an eminent surgeon and apothecary in Sodbury, a very small town, twelve or fourteen miles distant from Bath and Bristol. When his term was expired, "he went to London to prosecute his professional studies under the direction and instruction of the celebrated John Hunter, in whose family he resided for two years, a favourite pupil." At this period Jenner was twenty-one, and Hunter 42 years of age, and it is easy to conceive how the master-mind of the latter would incite the intellectual and physical powers of the former. After completing his studies, he retired from the house of Mr. Hunter, and continued with him an uninterrupted epistolary correspondence. Jenner set a high value on that gentleman's letters, and preserved them with great care. We have read them with much pleasure. It is refreshing to contemplate the physiologist as a letter-writer; they are eminently characteristic of his mind; relate chiefly to subjects of natural history; and evince that ardour for knowledge which death could only extinguish. The friend and correspondent of Hunter, a proof he was no common man, immediately after he left London, commenced practice, as a surgeon and apothecary, in his native village of Berkeley, sixteen miles from the city of Gloucester, and took up his residence with his brother Stephen. His talents and conduct soon gained for him numerous friends and a rapidly increasing practice. He frequently took long rides on horseback, either contemplating the beauties of nature, or revolving in his mind the wonders of art and science. In these rides, he was often accompanied, for twenty or thirty miles, by friends that esteemed his character, and loved his society. His recreations consisted, at this time, of visiting agreeable families, with whom he was always a favourite; and in the cultivation of polite literature. Occasionally he sought an acquaintance with the muses; his imagination, indeed, was vivid, and he enjoyed a peculiar facility, even in conversation, of clothing his observations in the gay and lively colours of poetry. In this he was assisted by his knowledge of the economy of plants and animals, and his vigilant attention to all the varied forms and properties of surrounding objects. Dr. Baron has presented to his readers "a few of Jenner's poetical *jeux d'esprit*." In our opinion, they display talent, in conjunction with a light, elegant, and playful fancy. A delineation so characteristic as the following ought not to be omitted; it was given to the biographer by the late Mr. Edward Gardner, a clever and well educated man, who had been the schoolfellow of the unfortunate Chatterton, and the cordial friend of the deceased for more than forty years. "His height was rather under

the middle size, his person was robust, but active and well formed. In his dress he was peculiarly neat, and every thing about him showed the man intent and serious, and well prepared to meet the duties of his calling. When I first saw him, it was on Framptom Green. I was somewhat his junior in years, and had heard so much of Mr. Jenner, of Berkeley, that I had no small curiosity to see him. He was dressed in a blue coat and yellow buttons, buckskins, well-polished jockey boots, with handsome silver spurs, and he carried a smart whip, with a silver handle. His hair, after the fashion of the times, was done up in a club, and he wore a broad-brimmed hat. We were introduced on that occasion, and I was delighted and astonished. I was prepared to find an accomplished man, and all the country spoke of him as a skilful surgeon and a great naturalist; but I did not expect to find him so much at home on other matters."

Mr. Jenner on all occasions, promoted good company, and good discourse, as the sinews of virtue. He was especially fond of music, and was a member of a catch club, which met at Cam. He could also play on the violin and flute, and formed select musical parties, wherein he was occasionally a performer. Like most wise men, he had a particular dislike to cards. Thus did Jenner pass his time, in active professional engagements, scientific pursuits, and engaging society; and he was instrumental in forming two medical and convivial societies, to which he was a lively and able contributor. In one of them, he often recurred to the prophylactic powers of the cow-pox, until, at length, the subject became so distasteful to his companions, that they threatened, poor short-sighted and ill-judging mortals, to expel him from their meetings. About 1775 or 1776, Mr. Jenner was disappointed in love, and, for several years, suffered most severely. Two of his letters to his friend Gardner, written in 1783, seem to refer to this interesting subject. In one he says:—"I am jaded almost to death, my dear Gardner, by constant fatigue: that of the body I must endure; but how long I shall be able to bear that of the mind, I know not. Still the same dead weight hangs upon my heart. Would to God it would drag it from its unhappy mansion! then with what pleasure could I see an end of this silly dream of life." Again, on the 8th of April of this year, he writes thus to the same friend:—"As for myself, the same stream of unhappiness is still flowing in upon me; its source seems inexhaustible; but there is a soothing consolation in it; all little disquietudes are sunk or washed away. I feel their influence no more." But though broken in spirit by a cause at which no man need blush, since it springs from the finest feelings of the human heart, he attended to his profession, pursued his studies, and resolved that, if he did die, it should be "with harness on his back." Fortunately for a grateful world, he did not die. Afterwards he performed several experiments; happily explained the apparently unnatural conduct of the cuckoo, that almost invariably commits her offspring to the care of a foster parent; and, finally, he proved that no wise or observing person ever doubted, that a man may love twice, for, on the sixth of March, 1788, he was united in marriage to Miss Catharine Kingscote, a lady on whom his affections had long been

fixed. Elegant in her manners, accomplished in her mind, vigorous in her understanding, and descended from an ancient and respectable family, she made him completely happy. But she had for a considerable time been an invalid, and never enjoyed robust health. On the 24th of January, 1789, this lady presented to her husband his eldest son Edward, to whom John Hunter was godfather. This gentleman's last letter to Jenner was dated on the 12th of August, 1793, about two months before he suddenly expired in St. George's Hospital. It is written with his usual powers. His sincere friend unceasingly lamented his death, and always termed him "the dear man."

The fatigues of an extensive general practice having become irksome, Mr. Jenner, now in his forty-third year, resolved to confine himself to medicine, and obtained in 1792 a degree of Doctor of Physic from the ancient university of St. Andrew's. Towards the conclusion of 1794 he was attacked with the typhus fever, which nearly proved fatal, and its effects continued for a considerable time. In 1797 Dr. Jenner had almost arranged every thing for the publication of his Inquiry. His attention was called forcibly, and for the first time, to the nature of cow-pox, while he was a youth. When an apprentice in Sodbury, a young woman applied for advice; the subject of small-pox was mentioned in her presence; she immediately observed, "I cannot take that disease, for I have had cow-pox." This incident fixed itself on the mind of Jenner, and laid the foundation of his future fame. Such are the trifles, which, sometimes remembered and sometimes forgotten, determine the bent of individual genius, and contribute to the most important results. In 1770 Jenner communicated this circumstance to John Hunter, who, never damping the ardour of a pupil, replied, "Don't *think*, but *try*; be patient, be accurate." He made known Jenner's opinions, and the traditions in Gloucestershire, both in his lectures, and to his friends in conversation: and other lecturers, on his authority, mentioned them to their pupils. In 1780 Jenner was enabled after much study and inquiry, to explain many of the perplexing obscurities and contradictions, with which the subject was embarrassed. On the 14th of May, 1796 he, for the first time, vaccinated, and with success, the arms of James Phipps, a healthy boy of about eight years of age, with fluid taken from the hand of Sarah Nelmes, who had been infected by her master's cows. Dr. Jenner published his Inquiry in June, 1798. It contained seventy-three or four quarto pages, and was dedicated to the late Dr. Parry of Bath, who had already been indebted to him for the ground-work of his work on angina pectoris. He visited London in April, 1798, and was received with kindness and respect. From this period the vaccine inoculation, in spite of real enemies and pretended friends, besotted admirers and ignorant opponents, gradually expanded itself over various parts of the globe; honours flowed in upon the author of it; and he enjoyed the happiness of a man that knew he had laboured well, and successfully. Strange to relate, yet every age can furnish a parallel, his native county of Gloucester, instead of being the first to enter the lists of generosity to reward her dis-

tinguished son, could only raise for him a small service of plate, while a British House of Commons, not indeed then led by the master mind of a Canning, coldly voted, by a majority of three, the sum of ten thousand pounds for his services to humanity. In a pecuniary point of view, it is obvious that Jenner could scarcely have been a gainer by vaccination, since he had incurred great expenses in postage, travelling, and long residences in London, combined with anxiety of mind, intense occupation, a neglect of his private affairs, and an unavoidable injury to a lucrative medical practice. These circumstances, said he to a committee of the House of Commons, have exposed me to a serious evil, and I never could have persevered, to the obvious injury of my family, had I not been buoyed up by a confidence in the generosity of my country.

Having adverted to the peculiar opinions of Dr. Jenner, it may be proper to record them. He always maintained the grease of horses to be "the source of small-pox;"* that "small-pox and cow-pox were modifications of the same distemper,"† hence his name of Variolæ Vaccinæ; and he actually produced the latter in the human subject by the direct introduction of equine virus,‡ and with subsequent immunity from variolous infection. The first and second propositions are, it must be acknowledged, startling; they are apparently irreconcilable with the common sense of mankind, yet they were long considered, and finally declared by a physician, who had much at stake, and who was certainly of no inferior mind, and of no insignificant judgment. We ought not, therefore, with a dogmatism which seldom springs from a philosophical understanding, to assert them to be false, without due inquiry and laborious investigation, because they may surprise us by their novelty, shock our prejudices, or clash with our pre-conceived opinions. Dr. Baron attempts, with no little zeal and some learning, to demonstrate these propositions to be correct. For this purpose he has striven to trace the small-pox to nearly 1400 years before the Christian era; has eagerly enlisted the Old Testament into his service, and resolutely impressed Philo, the learned Jew: he has also, with singular enthusiasm, flanked himself with the testimonies of Orosius, Dyonysius of Halicarnassus, Homer, and Livy, and Virgil; not content with such able forces, he has fronted his cause with Herodian, Thucydides, Herodotus, Hippocrates; and, that nothing might be wanting which anxiety and care could supply, he has prudently brought up his rear by Julius Capitolinus, Cyprian, Eusebius, Zosimus, Procopius, Evagrius, and Paulus Diaconus. But a painful acknowledgment, on our part, remains to be made; we are still unconvinced; and cannot permit acquiescence to precede conviction.

We have now continued the life of Dr. Jenner to his fifty-first year, for that of a physician or man of letters, is soon told; and nothing can be left but an account of his declining years, his illness, death, and surviving family; and here we are obliged to stop,

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* Baron's Life of Jenner, p. 135. † Ibid. p. 162. ‡ Ibid. p. 148.

for here our biographical guide forsakes us to state the progress of vaccination from the formation of the Royal Jennerian Society to the departure of the expedition from Spain, with which his volume concludes. It may be said of human talents, and of human actions, as Solon affirmed to Crœsus of human happiness, that we should wait until the life be terminated before we pronounce decisively upon them. With Edward Jenner that awful period has arrived; and we, who are neither his friends nor biographers, have that duty to perform; and we prefer to perform it now and prior to the appearance of the second volume, for unanswerable reasons. Panegyric, general and indiscriminate, is a violation of biographic truth, and is oftener the sign of a weak than of a strong mind. While attempting to ascertain the character, the intellect, and the acquirements and performances of an individual, however amiable and regretted, the interests of truth, of justice, and of science, should be rigorously observed. It is not a question of mere kindness, or of cold calculation, but one of paramount importance, which comprises the sacred rights of the dead, and involves the momentous ones of the living. In estimating with scrupulous accuracy the exact degree of merit that belongs to a man, not now of this world, his birth, his education, his advantages, and his every circumstance, local and fortuitous, are to be rigidly weighed, and carefully placed in the opposite scale to that which contains what he has acquired, or what he has accomplished. The ascension of intellect, in whatsoever way it springs forth, can only be fairly measured from the altitude whence that intellect winged its flight. He who reached the sky from a lofty mountain sinks before him that has attained the same sky by an ascent out of the lowly vale. These are, it is presumed, indisputable positions. Equally indisputable is it that Edward Jenner's ascension was from the the lofty mountain. He was born, educated, and lived under academic bowers:—he was the son of a beneficed clergyman of considerable landed property, and of ancient family; he was respectably connected by his mother; and he was enabled by his pecuniary resources to live for two years, no common lot and no mean advantage, as a favourite pupil, in the house of John Hunter. Under the most flattering auspices he commenced surgical and medical practice in his native village, of which his father had been vicar, where his brother was a much esteemed clergyman, and where, in consequence of his family and fortune, he was instantly received into genteel society. How different then was Jenner's fate from that of the man, whom a proud aristocracy disdains to own; the son of humble parents; self-taught; hastily educated in the metropolis: and who, at his entrance into life, as a general practitioner, begins upon nothing; unknown, unfriended, unrecommended; shunned by men who immure themselves within the bastile of their rank; who has to provide for the day that is passing over him; and who well knows, since an unfeeling world stamps it hourly on his recollection, that with him it will not be dignified ease, or literary leisure, but prosperity or adversity, expatriation or a prison. If such a man, and the picture thus feebly drawn can find a thousand originals, should shake off all these

appalling evils, and rise, as many have risen to distinguished eminence, how greatly would he transcend the individuals who, Jenner like, were born under a happy star, on whom fortune always smiled, and who never knew, because they never felt, how "slow rises worth, by poverty depressed." If the preceding observations be just, it will follow that the acquirements, performances, and success of Dr. Jenner present nothing remarkable, with the exception of vaccination. Even in this his polar star shone brightly, for had he belonged to, and practised in, a distant county, it is undeniable that the subject of cow-pox would have never engaged his attention. But here, indeed, his merit is pre-eminent, and above all praise;—he took up a popular tradition; he subjected it to experiment; he overcame difficulties; reconciled contradictions; elucidated obscurities; converted uncertainty into certainty; and exalted a dubious truth to the stability of science, while every other medical man, enjoying equal opportunities, had either neglected, or depreciated inquiry; and, as far as in his power laid, had either sought to extinguish, or striven to cloud a glimmering light, that would have conducted its preserver to immortality.

Dr. Jenner has been termed by his biographer, and other authors, the dicoverer of the protecting powers of cow-pox. This cannot be acceded to; it is at variance with truth. Jenner is so rich in real merit that his admirers ought to disclaim for him an honour to which he is not entitled. How can he be called a discoverer, when, independently of the well-known tradition of his native country, his youthful mind was irrevocably directed to that subject on hearing a young woman emphatically observe, at his master's house at Sodbury, "I cannot take small-pox for I have had cow-pox?" "This incident," says Dr. Baron,* "riveted the attention of Jenner. It was the first time that the popular notion, which was not at all uncommon in the district, had been brought home to him with force and influence. Most happily the impression which was then made was never effaced." Surely this statement must for ever prevent Dr. Jenner from ranking as a discoverer. Harvey discovered the circulation of the blood; but if that had been already known in his own county, though expressed in vernacular language, and if a young man had pointedly fixed the boyish mind of the future physiologist on such a momentous circumstance, and if in the prime of manhood and by scientific experiments, he had demonstrated it to be correct and promulgated the particulars to the world, would he then have been pronounced a discoverer? No! he would have been designated the demonstrator, and promulgator of a long and partially known, but much neglected, popular truth. Precisely similar are the irrefragable claims of Jenner; they are sufficient to gratify human ambition; they need not that to which he has no legitimate pretension. Posterity, always just, will never recognize Edward Jenner as a discoverer, yet will it assign to him an exaltation scarcely less enviable; and acknowledge him to be one of the

* Life of Jenner, p. 122.

greatest benefactors of the human race, a benefactor not limited by time and space, but interminable and everlasting. From contemporary writers other ages must learn his character, and if they be swayed by the solemn dictates of truth, they will portray him amiable in disposition, spotless in reputation, and accomplished in mind;—playful yet serious, gay yet studious, condescending yet dignified.

We lay down the pen, and congratulate the friends and executors of the deceased on having selected Dr. Baron for his biographer, who has performed his delicate and arduous office, as far as he has proceeded, with care, fidelity, and judgment, and written with candour, spirit, and talent.*

IX.

The Dublin Hospital Reports and Communications in Medicine and Surgery. Volume the Fourth. 8vo. pp. 600, with numerous plates. Dublin, London, Edinburgh, May, 1827.

The progress of this excellent work appears to have been interrupted, or at least retarded by the death of one of its editors—the late Professor Todd, and by the removal of another, the late Dr. Edward Percival, from Dublin to Bath. The establishment also of a contemporary publication (Transactions of an Association, &c.) must have operated in preventing many communications passing through the present channel, and thus in delaying the completion of

* We are not one of those that would, on all occasions spur a generous horse to a leap which he cannot accomplish, hence we have overlooked, as we usually do, all insignificant inaccuracies in the above work, judging of it favourably as a whole and not in part, but anxious for precision of language, important as the real index of a writer's mind, and still more important as influencing the minds of readers, we are compelled to observe, that Dr. Baron, while writing on vaccination, expresses himself with singular looseness, and seeming incorrectness, by frequently using the term *pustule*. For instance,—"very different from the benign solitary *pustule* which characterizes the variolæ vaccinæ."—p 244.—Now we had always understood that the genuine cow-pox was a vesicular disease, exhibiting lymph; and not pustular, containing pus. To prove we were not very wrong, and had at least high authority to support us, we shall extract strong proofs from an author, among numbers, entertaining similar opinions. "The characteristic of this (vaccinia) is a semi-transparent, pearl-coloured *vesicle*:"—"is filled with *clear lymph*."—"The *pustule*, which is sometimes produced *instead of the proper vaccine vesicle*, is more like a common festering boil"—Again,—"Three varieties of irregularity (in vaccination) have been noticed; namely, *pustules*, ulcerations, and vesicles of an irregular form." *Bateman's Synopsis of Cutaneous Diseases, 2d Edition, pp.* 213, *et seq.* 1813.—We hope Dr. Baron will attend to this subject, and either correct his own error, or that of others, since error there must be somewhere.—*Rev.*

its volumes. Still, with all these difficulties and disasters, the DUBLIN HOSPITAL REPORTS have not succumbed, and the present volume is not inferior—indeed, we think it superior to most of its predecessors. From the initials at the close of the preface to the present volume, we must suppose that Dr. Cheyne and Dr. Colles are the editors:—And although they have not contributed very largely, in their nominal characters, to this portion of the series, yet they deserve the thanks of the profession for bringing forward such a mass of rich materials as the present volume contains. We could not procure a copy of the work in time for an extended analysis in this number; and we have to complain of a certain degree of *favouritism* practised on the present occasion, by "*a person or persons unknown*," whereby the work was *reviewed* by a northern contemporary long before it was regularly *published*. This is a manœuvre unworthy of any concerned in so respectable a publication—and it will probably not be repeated. We speak not on our own account—for our object has never been to get the *first* notice of a new volume out in our Journal—but to get the *best* account—that is, an account the most minutely analytical, yet divested of all unnecessary verbiage. Such an object is, at all times, incompatible with rapid and early reviews of works: but of far more importance to the public and to ourselves.

In our analysis of this volume, we shall not follow the order in which the articles are arranged in it; although none of them shall be passed unnoticed in the sequel.

ART I.

Clinical Observations. By ROBERT JAMES GRAVES, M.D. Fellow of the College of Physicians, &c. &c. &c.

1. *Abscess of the Liver.* A robust man was admitted into the Meath Hospital, with well marked symptoms of acute hepatitis, which resisted the most vigorous antiphlogistic means, and, for four weeks after the subsidence of the first attack, the symptoms indicated unequivocally the formation of an abscess in the organ. Hectic fever, with rigours, night sweats, and emaciation, were attended by constant sense of uneasiness and weight in the hypochondrium, which was fuller and harder than natural. The tenderness and pain, at first more diffused, became after a time, confined almost to one spot, nearly corresponding with the centre of the external elevation. Poultices were applied; but the abscess showed no disposition to point, the swelling remaining stationary, and the integuments preserving their natural colour. The constitution was giving way, and the question of an operation was necessarily agitated. It was resolved to try the effect of an incision carried some way through the integuments, but not so deep as the matter, if that should be found to lie at a great distance from the surface. An incision about four inches long was made by Mr. Mac Namara, exactly over

centre of the tumour. The abdominal muscles were found of considerable thickness, and quite healthy; and although the incision was carried very deep, yet the situation of the hepatic abscess was not felt more distinctly; "so that it now became quite evident that no prudent surgeon would have persevered in an attempt to open directly into it." In two days afterwards, a burst of matter came forth, from a fit of sneezing, not immediately from the bottom, but from one side of the wound. Pressure on the liver caused the matter to flow abundantly; and this continued more or less for several weeks, the man recovering perfectly in the end.

The above procedure is considered not only to be novel, but also to be an improvement on the practice of opening deep-seated abscesses, especially of the liver; and its adoption is recommended by Dr. G. to our Indian practitioners, who have frequent opportunities of testing its utility.*

2. *Rheumatism of the Temporal Muscles.* Our author has seen two cases, in which the rheumatism seemed to be confined almost entirely to the temporal muscles, the consequence of which was, an elevation of the lower jaw, the latter being firmly pressed against the upper jaw, so that no food, except in a fluid state, could be introduced. This affection was unattended by any constitutional derangement, but caused much uneasiness in the minds both of the patients and their friends, being by them confounded with locked-jaw. The cure of this complaint is easily effected by the application of leeches to the region of the temporal and masseter muscles, and by the internal use of anti-rheumatic remedies.

The above disease is not exceedingly rare. We have seen three or four instances of it, and one very recently in the person of a lady who was under the care of Mr. Guthrie and Dr. Johnson for another and a much more serious malady. The lady underwent a surgical operation, which rendered the locking of the jaw more suspicious; but she was quite unapprehensive, as this phenomenon occurred whenever she had rheumatism about the head It went off in a few days, without any remedy, except a stimulating liniment to the surface.

3. *Idiopathic Glossitis.* A medical student applied to Dr. Graves, who found him labouring under severe febrile symptoms of a week's continuance, attended with great pain in the neck and occiput, relieved by epistaxis. The left half of the tongue became very tender and painful, with gradual increase of size. When Dr. G. first saw the patient, it was enormously swollen, and nearly filled the mouth, which could scarcely be closed on account of the protrusion of the tongue. The *right* half of the organ was perfectly natural, and its comparative diminution formed a striking contrast with the size of the *left* side. Two or three applications of six leeches at a time to the inflamed half (part of which appeared to be approach-

* See an interesting case of hepatic abscess bursting into the chest, and cured by paracentesis thoracis, in another part of this Number.

ing to gangrene) produced a speedy cure, though there is still some tumescence of that side of the organ, after a lapse of two years.

Idiopathic glossitis is very rare; a few cases only being recorded of late years on the Continent, and in none of these was the inflammation confined to one half of the tongue. Neither does it appear to have occurred to the medical attendants to apply leeches to the tongue—a mode of depletion preferable, we think with Dr. Graves, to any other.

4. *Colica Pictonum.* Two cases of this disease, in a very violent form, were treated by Dr. Graves at the Meath Hospital, and speedily cured by strong tobacco fomentations, applied to the abdomen till the peculiar effects of this herb were manifested in the system—and cathartic pills, containing oil of croton, assisted by injections. By these means, copious discharges were obtained from the bowels, with remission of the pain. In a case of paralysis succeeding colica pictonum, much benefit was derived from the use of strychnine, as recommended by Magendie.

5. *Whitish Stools.* This disease is what would have formerly been called "*fluxus cœliacus*," and the colour attributed to the admixture of chyle in the motions. Nobody, now-a-days, dreams of explaining the pathology of the disease on such a basis, though the late learned Dr. Good still retained this mode of explanation amidst a vast deal of other lumber in his Study of Medicine. But to the case in question. A gentleman applied to our author, labouring under the following symptoms, having previously experienced a severe attack of dysentery, viz.—good appetite with apparently good digestion, yet with progressive emaciation and loss of strength—one or two natural motions daily, and ten or twelve other calls to stool, attended with irresistible bearing down and weight about the rectum, the evacuation often taking place before he had time to get to the water closet. These evacuations consisted merely of two or three spoonfuls of muco-gelatinous matters, generally resembling thick milk or puriform matter, and occasionally a transparent jelly. "This fluid was evidently a secretion from the mucous membrane of the rectum in a state of irritation or sub-inflammation:"—a condition, Dr. G. observes, of the mucous membrane, which constitutes the disease denominated "*chronic blennorrhagia*," in the urethra, and the "*fluxus cœliacus*," when seated in the rectum. This is supposed to be the disease described by Dr. Baillie, and alluded to at page 155 of this Number. But we cannot admit this identity of the two diseases, at least on the pathology maintained by Dr. Graves, because, in the article alluded to, we have shown that, in two cases, dissection detected no disease in the mucous membrane of the colon or rectum. Besides, the disease described by Dr. Baillie is not generally attended with much emaciation, and "the alvine discharges resemble a mixture of lime and water," which is a species of discharge very different from that described in the present case.

Be this as it may, our author tried various remedies without success, until at length, he resolved to exhibit strychnine, on the author-

ity of Dr. Rummel, who had employed the extract of nux vomica with great advantage in this complaint. One twelfth of a grain of strychnine was given twice a day, by which the cure was effected in about three weeks. If this be a case of that dangerous malady described by Dr. Baillie, we have here another remedy added to the one mentioned in the Periscope of this Number, as tested by Dr. Elliotson at St. Thomas's Hospital.

6. *Black, or very Dark Stools.* These may be caused, first, by an effusion of blood into the intestines, causing true melæna:*—Secondly, by black bile. Formerly the *atra bilis* was looked upon as the sole cause of black stools; but Hoffman and Home demonstrated that they were sometimes caused by blood. But, in fact, the number and variety of dark and disordered secretions from the mucous membrane of the stomach, bowels, and liver, are almost interminable.

In a case which came under our author's care, and in which very large quantities of matter, sometimes like tar, and sometimes resembling ink, were passed by stool, for ten or twelve days in succession, "the black colour was evidently derived from the mucous membrane." A frequent examination of the discharges showed that this colour was not derived from the blood; "for it was quite evident that, in such a case, the blood could not have remained in the intestines very long after its effusion, for the stools were frequent and copious—and I know by experience, that, in true melæna, blood which has been retained, even for a considerable time, in the intestines, will tinge water red, which was not the case here." In this case, too, there was not that debility and frequent fainting which follow melænic evacuations, if very copious. On the contrary, the discharge of these black matters gave relief in this case, as it generally does in such cases.

This disease finally yielded to oil of turpentine and stimulating tonic medicines; but was not ameliorated by mercurial preparations. The following experiment proves, Dr. G. thinks, that the black matter passed by stool, was a vitiated secretion from the mucous membrane of the intestines, and neither of a melænic or biliary nature.

"I cleaned one half of the tongue, from which I washed, with much difficulty, the black tenacious mucus. I watched it for several hours, and found that the part I had cleaned became gradually black and foul, the black mucus being evidently a secretion from its surface. Analogous to this case, is one which was formerly under the

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Note, by the Editors of the Transactions.

* "The blood effused in melæna coagulates in the bowels, and, being exposed to heat and air, turns black, and often becomes fetid. When retained very long, the colouring matter may be washed away, and the coagulated fibrin left. In a dissection of a woman who died of melæna, at Berlin, we found, in the large intestines, many hard balls, the size of apples, and consisting of fibrin, deposited in concentric layers, evidently the result of successive separations from the blood, effused during several different attacks."

care of Mr. Wilmot, and in which large quantities of blackish mucus were discharged *from the bladder.*" 53.

7. *Contagious Psoriasis.* It is stated by Bateman and others, that scaly diseases are not contagious. Our author lately met with a case which appears to him to prove the contrary, under certain circumstances. A gentleman had been affected with psoriasis palmaria for some years previously to his residing in Dublin. In the course of the last year, Dr. G. was called to see this gentleman's butler, who had contracted an extensive psoriasis on the back of his hand, and which the butler attributed to his wearing his master's old gloves. In a short time afterwards, the house-maid became affected with the same complaint, which she attributed to contact with her master's linen, &c.

The most extensive case of psoriasis diffusa which Dr. Graves ever saw, occurred in a boy, after sleeping on some fleeces of wool without his shirt. In this case, he doubts whether the disease was produced by the irritating qualities of the wool, or some disease in the sheep, from whose backs the fleeces of wool were taken. He has seen an entire family of children infected with a disease resembling the itch, from playing with a mangy dog.

It is hardly necessary to observe that, although the probability is in favour of the psoriasis, in the former case, being derived from the master to the servants; yet there is nothing like certainty in the case, as it rests a good deal on the *post hoc ergo propter hoc* argument. We are not among those, however, who deny that psoriasis, or, indeed, almost any cutaneous disease, may occasionally assume a contagious character.

8. *Swelling of the Extremities.* Besides phlegmasia dolens and elephantiasis, (bucnemia tropica, or Barbadoes leg,) our author has observed two sorts of tumefaction, "which are pathologically different from either of the above species, and occasionally produce a monstrous degree of deformity."

First Species. Dr. G. has only seen one instance of this, which appears to be similar to the two cases published, one by Mr. Chevalier, in the 2d volume of the Medico-Chirurgical Transactions, and one by the younger Söemmering. In Mr. Chevalier's case, the origin of the disease seemed connected with a previous attack of phlegmasia dolens. Dr. Graves's patient was a young man, 25 years of age, admitted into the Meath Hospital, on account of an extraordinary enlargement of the left lower extremity. The limb measured (below the knee) two feet, nine inches, at its largest part—in fact, it was there about the size of his own body. The swelling felt firm to the touch, and extended nearly half way up the thigh, when it suddenly diminished, and there the integuments felt loose and flabby. The upper part of the thigh was not increased in size. On the foot, the swelling was similar to that described by Mr. Chevalier, and overhung the toes. Some parts of the skin were covered with hard concretions, arising from an occasional oozing of fluid from slight

fissures, drying and forming scabs, which mingled with the furfuraceous scales of the desquamating cuticle. Towards the bottom of the deep fissures which divided the swelling into lobes, the cuticle was very thin, and the skin reddish, and always moist. The swelling had commenced several years previously, and had gradually attained this enormous size, unattended by pain or inflammation of skin, adipose tissue, or inguinal glands. The knee and ankle joints were flexible, and he could walk, run, and (till an excoriation on the back of the leg prevented him) gain his bread by labour. His virility was unimpaired. From the perfect action of the muscles, in this and in Mr. Chevalier's case, it is probable that the disease had not invaded the interstices between the muscles. Dr. G. has no doubt that the tumefaction arose from an extraordinary growth of the skin and subjacent adipose tissue. He, therefore, considers the disease, as totally different from plegmasia dolens and the Barbadoes leg, "both of which arise from inflammation." A good plate of this disease is given.

Second Species. This kind of enlargement, which is by no means uncommon in Ireland, may affect either upper or lower extremities, and attains such a size as to render the limb useless. It has not been observed, except among the poor—but among them very frequently. The first appearance of swelling is generally preceded by febrile symptoms and well marked gastric derangement, in a day or two after which, the back of the hand and wrist become swollen, and hotter than natural—the skin red in slightly elevated patches, which redness disappears on pressure. Vesications never form, and he has known but one instance of suppuration taking place. In a few days, the heat and redness subside, and the patient keeps his usual health, the slight œdema soon vanishing; but repeated attacks leave a permanent œdema. In a year or two, the hand is swollen to two or three times its natural bulk, the increase of bulk being principally on the back of the hand. Finally, the skin becomes thickened and corrugated, particularly about the wrists; and, in the advanced stages of the disease, rhagades and painful fissures are occasionally formed during exasperated attacks. Much fluid oozes out and scabs are formed. Dr. Graves labours to prove that this disease and the first species are different from true elephantiasis; and we think him correct in making this distinction.

Although the accompanying fever is often attended with gastric symptoms, yet there are other cases in which no symptom of stomach disorder exists. The fever always appears before the local affection—"the former, therefore, is probably the cause of the latter." Dr. G. shrewdly suspects that, from the intermitting nature of the fever—its greater frequency in some places than in others—and its prevalence in Spring and Autumn, the febrile complaint may partake of the *aguish* character.

In respect to treatment, when the case is not of long standing, considerable advantage is derived from the antiphlogistic plan,—purgatives—leeches—cold lotions—saturnine washes, &c. During

the intermission, we must employ rest, bandages, bark, and, if that fail, arsenic. The antiphlogistic plan should be resumed the moment that inflammatory symptoms are evinced.

As we shall have occasion to introduce Dr. Graves again, on several occasions, in the course of our review of the present volume, we shall only say that the profession are under many obligations to this zealous and talented physician for the facts which he has so accurately observed and faithfully recorded in the work now before us.

ART. II.

Case of remarkable Pulsation in the Veins. By CHARLES DAVIS, M.D. Surgeon to the North-East Dispensary.

The patient in whom this phenomenon appeared, was a young girl, six years of age, whom Dr. D. found with symptoms of acute hydrocephalus. She was much emaciated—had had hooping-cough four months previously, from which she never perfectly recovered—and, for the last ten days, was affected with bilious vomitings. She was now listless—tongue coated—complete loss of appetite—dull pain in the forehead—pupils somewhat dilated, but contractile on the application of light—skin hot and dry—pulse irregular and 88, full and strong—bowels constipated—stools green and hydrocephalic—an eruption, resembling purpura simplex, scattered over the skin, and a vesicular eruption on the chest and neck. In all the veins, there was a distinct and well-marked pulsation, synchronous with that of the arteries, and, in the veins of the extremities, visible to the naked eye. The veins were rather larger than usual, and pressure on any of them stopped, of course, the pulsation above the point pressed, and increased it below that point. In despite of leeching, cold applications to the head, blisters, calomel, and various other remedies, the case terminated fatally, in a week from the time Dr. D. first saw the patient. On dissection, the vessels of the pia mater were rather turgid, but the substance of the brain was little, if at all, softer than natural. There were four ounces of blood in the ventricles. In the pericardium, there was a small quantity of fluid, and the left ventricle of the heart was rather stronger than natural. All the other viscera were healthy.

The above is a phenomenon which is often seen partially—for instance, in the arm, and it proves, beyond a doubt, that the force of the heart may and does act all round the course of the circulation. If the heart be capable of producing a pulse in the veins, under extraordinary circumstances, how can we doubt that it acts in propelling the blood more or less in the veins, under ordinary circumstances. No idea can be more erroneous than that of Bichat and others, that the heart ceases to act after the blood arrives in the capillary system.

ART. III.

Case of unusual Constipation. By JOHN CRAMPTON, M.D.

It is astonishing to observe the difference of constitutions in respect to constipation and relaxation of the bowels. Many are un-

comfortable if they have not three or four evacuations daily—while others are never in better health than when they are confined to one or two motions in the week.

The subject of the case now under consideration was a slender, but originally healthy and active young lady, who, after an attack of scarlatina, several years ago, was threatened with phthisis pulmonalis, and became so greatly emaciated, that death seemed inevitable. A removal, however, to the air of MALLOW produced a great amelioration, though the emaciation still continued, together with cough, heavy expectoration, aphthæ in the mouth and fauces, red and sore tongue, occasional diarrhœa. She seldom left her apartment; and, in this way her health remained stationary for nearly seven years, with every now and then a fresh cold, and an exasperation of her complaint.

In Feb. 1819, she was attacked with a severe diarrhœa, attended with considerable pain, for which she would take no medicine, her own physician being out of the way, and no other being supposed to be acquainted with her constitution. The diarrhœa, however, ceased, and was succeeded by an opposite condition—constipation, attended with pain in the bowels. Peritoneal inflammation, first in a chronic and afterwards in a subacute form, appeared to have been established, and in this state Dr. C. found his patient when he returned. Her illness had now assumed such a threatening aspect, that he thought every day would be her last. Although no absolute obstruction appeared to exist, yet there was reason to apprehend that "extensive adhesions had taken place between the convolutions of the intestines." She rejected most of the little nourishment she took by the stomach, and emaciation advanced to the last degree. The symptoms then remained stationary for a considerable time, and, circumstances requiring the family to remove 50 miles from Dublin, the patient was conveyed by the canal to her new residence, and bore the journey better than was expected. In the country, the abdomen continued tender and inflated, and she seldom had any evacuation oftener than once a week, all medicine being rejected by the stomach, as was almost the whole of her sustenance. She often brought up fæcal matters by vomiting, and also liquids of a urinous smell and taste, there being very little secretion from the kidneys. Notwithstanding this deplorable condition, it became evident that she bore her sufferings with greater facility—the symptomatic fever subsided—the pulse became natural—she was able to retain sufficient liquid food—she regained some flesh—the vomiting was less severe, but still continued to recur daily; and the intervals between the alvine evacuations became greater. The catamenia were still regular. She has either lost the use of her lower extremities, or is averse to using them. She is now in the 37th year of her age, and has been in the state described for the last seven years. During the last eight months she has had no evacuation from her bowels, and only two or three during the preceding year. She scarcely passes any urine. "There is no possibility that any deceit can be practised, as she sleeps in a room with a confidential attendant, and is watched closely by her parents and her sister."

She is irritable and obstinate—makes no effort to amuse herself—yet entertains confident hopes of recovery.

Dr. Crampton met with a case a good deal similar in Steevens' Hospital. The patient, a female, had rarely any motions, and seldom passed water. She lived for several years, often vomiting up urinous fluids. On dissection, the upper part of the colon was found greatly distended, and a stricture in the lower portion of that gut, almost amounting to an obliteration. The bladder was thickened, and otherwise diseased in structure.

ART. IV.

Observations on an Affection of the Mouth in Children. By THOMAS CUMING, M.D. Assistant-Physician to the Institution for the Diseases of Children, &c.

The affection in question is a peculiar kind of ulceration of the gums and cheek, to one variety of which, authors have given the name of cancrum oris. In general, it commences in the gums, and extends to the lips and cheek; but sometimes takes the reverse course. It is most liable to attack during the first dentition; but is frequently met with in children from three to seven years of age.

"When the disease occurs in infants on the breast, it is generally attended with a purplish and spongy appearance of the gums and roof of the mouth, and the ulceration, which lays bare the necks of the teeth, both externally and internally, is of a greenish or ash colour, and very much disposed to bleed. The salivary discharge is increased; the tongue is white; the mouth feels hot; the bowels are for the most part confined, and the child in general labours under a greater or less degree of fever. I have not seen this form of the disease previously to the irruption of the four superior incisors, but I have frequently seen it when the child had only six or eight teeth; and I have constantly observed that when it occurs thus early, it is always the upper gum that is first and principally attacked. This I consider to be the mildest and most manageable form of the disease. As the bowels are for the most part confined, the necessity of a purgative is clearly indicated, and I have generally found that after free alvine evacuation the fever subsides, the mouth becomes cool, the gums lose their red and spongy appearance, and the ulceration speedily heals. In such cases as the above I have seldom found it necessary to make use of any local application. Where, however, the ulcers seem indolent, and little inclined to heal after the repeated administration of purgatives, a little honey of borax, or a mixture of muriatic acid in honey, in the proportion of a drachm to the ounce, may be advantageously applied by means of a feather or camel's hair brush to the ulcerated surface. This disease is very apt to return when the state of the bowels is not particularly attended to. As the biliary secretion seems frequently to be defective either in quantity or quality, I consider small doses of mercurials, followed by occasional aperients, to be amongst the most likely means of confirming the recovery and preventing a relapse." 332.

The most formidable variety is that which occurs in children between twenty months and seven years of age—the subjects being genrally of a pale, sallow, or bloated and unhealthy appearance, with irregular bowels, and having had scanty food and bad clothing. The disease is more observed at the close of the exanthemata than at that of any other acute affection. Dr. Hall, who has published a paper on this subject in the Edinburgh Journal, makes similar observations. In this variety, the ulceration is usually confined to one side of the mouth—is extremely foul—spreads rapidly to the lips and cheek, destroying apparently by gangrene and absorption. If the disease continue long, the teeth fall out, in consequence of the devastation of the gums and alveolar processes. In some cases, the jaw-bone is destroyed. The tongue takes on a similar diseased action, and is wholly or partially destroyed, so that the unhappy patient exhibits the most horrible spectacle that can be imagined. The disease, however, is frequently in a milder degree than this.

Dr. Hall queries whether this disease may not be caused by the calomel so frequently administered to children in the present day. Dr. Cuming, having observed the cancrum oris in a child after the administration of calomel pretty freely for a hydrocephalic affection, was of a similar opinion with Dr. Hall; but, says he, "I have seen so many cases of a precisely similar kind, where there was no reason to suppose that mercury had been administered, at least to any extent, that I am strongly disposed to doubt whether there be any necessary connexion between the appearance of the disease and the previous administration of mercury." Indeed our author frequently has recourse to mercury, both as an alterative and a purgative for its removal.

The treatment appears to consist chiefly in clearing the bowels and keeping the secretions in as healthy a state as possible, by the "alternation of mild mercurials with aperients." The local applications which Dr. C. has found most useful are, the black wash, and a dilute solution of muriatic acid in honey—a drachm to the ounce. As soon as the general health is established, the ulceration assumes a healthy appearance and heals. In that variety, however, in which gangrene is predominant, the fatal termination is almost certain, whatever means we may use.

ART. V.

A Case of Ruptured Cæcum, which terminated fatally in 48 hours after the accident. By JOHN SPEER, Surgeon to the Essex Convict Hulk.

Mr. Speer was summoned to a strong and muscular man, 35 years of age, whom he found labouring under pain in the abdomen increased by pressure—constant vomiting of a yellowish fluid—cold extremities—no pulse at the wrist—retention of urine—shrunk countenance—bowels constipated for forty-eight hours. He had been wrestling with a neighbour the preceding evening, and, after a severe struggle, threw his antagonist on the ground, and fell with his belly on his adversary's bent knee. The contusion was in the region of

the umbilicus. He felt as if something had given way, and immediately fainted. When he recovered from the deliquium, the vomiting and pain in the abdomen appeared. In this state he was conveyed in an open cart to the distance of five miles, and no medical aid was procured till the succeeding morning.

Mr. Speer attempted to take some blood from the arm, but faintness occurred before three ounces were abstracted. The warm bath gave some temporary relief. The pain suddenly ceased in the evening, and he lingered out till the next day, when he expired.

The abdomen being opened, a quantity of the contents of the intestines was found extravasated, through an aperture in the cæcum, which was ruptured. The aperture was two inches in circumference, with ragged edges, and evidently the result of the contusion. It was surrounded with marks of extensive inflammation, and false membranes were thrown out on the peritoneal surfaces.

ART. VI.

A Case of Cynanche Laryngea, in which the operation of Tracheotomy was performed in March, 1825, and a Canula worn up to the date of this Report. By FRANCIS WHITE, one of the Surgeons of St. Mary's Hospital, &c.

Mr. White was called to a man, 33 years of age, labouring under all the symptoms of laryngeal inflammation, on the 10th March, 1825. There was no external swelling—the fauces were redder than natural, and slightly œdematous—no ulceration, no difficulty of deglutition The breathing was hard and hissing—the cough of a suffocative character—the region of the larynx painful on pressure. He was bled from the arm, had a strong purgative administered, and inhaled the steam of warm water. He was also directed to take two grains of calomel, with some antimonial powder and ipecacuan every four hours. 11th. No better. 12th. Evidently worse. Leeches were applied—a large blister over the sternum—the calomel pills to be continued. 13th. All the symptoms exasperated—he was unable to speak—suffocation imminent—mercury has touched the mouth. All other remedies than the knife were now out of the question, and therefore the operation of tracheotomy (not laryngotomy) was performed at 11 o'clock this morning. When the trachea was slit open, much muco-purulent matter was expelled with the air. Lateral slips of cartilage were then cut away, leaving ample space for the patient to breathe and expectorate. The introduction of a silver canula caused too much irritation, and could not be borne; but the largeness of the aperture rendered it unnecessary. The improvement of the patient's condition was now evident, and a careful pupil was left with him to keep the opening free from accumulations of mucus. A severe ptyalism took place soon after the operation, which harassed the patient much. In six days from the tracheotomy, the wound began to close, and then a canula was introduced and borne without inconvenience. So much mischief had been occasioned by the

original inflammation, that the patient has never been able to breathe through the natural passage—he is consequently compelled to wear an ivory tube, through which he breathes with ease. It is now two years since the operation, and during that period the tube has given no inconvenience, or prevented the man from working at his trade.

The perforation is lined with a smooth fine cuticle—the rima glottidis still remains closed to inspiration, though it yields when a slight expiratory force is used.

There are now three or four living with tubes in their throats—including the original patient of this kind, Mr. Price of Portsmouth, who has worn the tube twelve or thirteen years.

Art. VII.

Observations respecting an Ulcer of a peculiar Character, which attacks the Eyelids and other Parts of the Face. By Arthur Jacob, M.D. Surgeon to Sir Patrick Dun's Hospital, &c. &c.

Dr. Jacob observes that the characteristic features of this ulcer are, the extraordinary slowness of its progress—the peculiar condition of its edges and surface—the inconsiderable sufferings produced by it—its incurable nature except by extirpation—and its not contaminating the neighbouring lymphatic glands. In one case of three which our author has observed, the disease had existed for four years, and now presents no remarkable difference from what it exhibited six months ago. The eye-ball, exposed and dissected out by the ulceration, remains precisely in the same state, and the edges occupy the same situation as at that period. In another case the disease has existed for 23 years, without ever having healed. In this case also the eye-ball has been exposed for nearly a year, and has not yet been totally destroyed. In the 3d case, the disease continued nine years prior to the death of the patient from another cause.

There is no lancinating pain, the principal distress appearing to arise from the exposure, by ulceration, of the nerves and other sensible parts. In no case did the disease incapacitate the patients from following their usual occupations. The origin of the disease, in two of the cases, could not be ascertained. In the third case, it commenced in an old cicatrix, the consequence of confluent smallpox, at the inner angle of the eye.

" This disease may be observed under two very different conditions, either in a state of ulceration, or in a fixed state, in which no progress is made toward healing. In this latter condition the parts present the following appearances: the edges are elevated, smooth and glossy, with a serpentine outline; and are occasionally formed into a range of small tubercles or elevations; the skin in the vicinity is not thickened or discoloured. The part within the edges is in some places a perfectly smooth, vascular, secreting surface, having veins of considerable size ramifying over it; which veins occasionally give way, causing slight hæmorrhage; in other places the surface appears covered by florid healthy-looking granulations, firm in texture, and remaining unchanged in size and form for a great length of time. The surface sometimes even heals over in patches, which are hard, smooth, and [illegible]ed with the venous ram-

ifications to which I have alluded. This healing may take place on any part of the surface, whatever may be the original structure; in the case from which I have had this drawing made, the eye-ball itself, denuded as it is by ulceration, is partially cicatrized over. When the ulceration commences it proceeds slowly, cutting away all parts indiscriminately which may be in the direction in which it spreads; the surface in this state is not so florid, and presents none of the glistening or granulated appearance above noticed; the pain is generally greater at this period. It appears also that there is a tendency to reparation, exclusive of the cicatrization which I have mentioned: there is a deposition of new material, a filling up, in certain places, which gives a uniformity to the surface which should otherwise be very irregular, from the nature of the parts destroyed. When the disease extends to the bones, they sometimes exfoliate in scales of small size, but more generally they are destroyed, as the soft parts, by an ulcerative process. The discharge from the surface is not of the description called by surgeons unhealthy or sanious, but yellow, and of proper consistence; neither is there more fetor than from the healthiest sore, if the parts be kept perfectly clean, and be dressed frequently. There is no fungous growth, nor indeed any elevation, except at the edges, as already noticed, and even this is sometimes very inconsiderable. There is no considerable bleeding from the surface, and when it does occur, it arises from the superficial veins giving way, and not from sloughing or ulceration opening vessels; sometimes the surface assumes a dark gangrenous appearance, which I have found to arise from the effusion of blood beneath. I have not observed that the lymphatic glands were in the slightest degree contaminated, the disease being altogether extended by ulceration from the point from whence it commences." 286.

From the above description, it will be evident that the disease is of a peculiar nature—that it is not genuine carcinoma, nor lupus, nor noli me tangere. It is equally distinct from the cauliflower-like fungous growth which occasionally attacks old cicatrices.

Dr. J. has tried a variety of remedies, internal and external, without the slighest success. It remains, therefore, to be determined by future experience, whether it is remediable by any thing but the knife. Mr. Colles, however, informs our author that he succeeded, in a case which had not extended to the eye-lids, by the application of a powerful escharotic, covering up the eye during the operation of the remedy, with gold-beater's leaf.

ART. VIII.

Cases of a fatal Erethism of the Stomach, with Observations. By JOHN CHEYNE, M.D. Physician-General.

Case A. An athletic young man, aged 19 years, who had exposed himself to heats and colds, in July and August, and who had eaten a great quantity of fruit, was taken ill on the 11th of the last-mentioned month. On the 13th, Dr. C. found him with flushed face and white tongue, pulse 90, periodical pains at the umbilicus, thirst, sickness, no tension nor tenderness in any part of the abdomen. He had taken rhubarb and calomel without effect. Fifteen grains of calomel and two of opium were made into six powders, and one ordered to be taken every two hours. A purgative enema. In the evening he was bled to 30 ounces. 14th. Having taken all the

pills, he next took salts in tamarind water, which procured large, fluid, and bilious motions. 15th. Slight salivation. 16th, 17th, 18th. Passed bilious stools freely. The abdomen was without pain, tension or tenderness—stomach still irritable. Saline preparations—blisters—laudanum, &c. 19th. Fever—vomiting of ropy, green, insipid liquor. Bled to 16 ounces; the calomel and opium to be continued. 20th. Pulse softer—stomach less irritable—vesicular eruption round the mouth. 21st. Refused the pills. From this time he went on from bad to worse, notwithstanding leeches, blisters, and many other remedies, and he died with black vomit, there being neither pain, tenderness, nor tension of the abdomen at any time. No dissection.

Case B. A young lady became affected with sickness, and vomiting of a green ropy fluid, her health having been previously good. On the 3d day, the tongue was white, the edges clean and florid, throat sore—frequent discharges of green fluid from the stomach. In the evening, there was epigastric tenderness on pressure, and twenty leeches were applied to the abdomen. *4th day.* Excessive bleeding from the leeches—strength sunk—extremities cold—pulse feeble and rapid—overpowering sickness, and vomiting of green fluid. Enema, with laudanum—half a grain of opium every hour, *ad quartam vicem*—fomentations—blister to the abdomen. *5th day.* Has slept some in the night, but the sickness is now uninterrupted. She died in the course of the night. No dissection.

Case C. "D—— B ——, of a saturnine complexion, sendentary habits, and rather costive bowels, although not confined to the house, and not without appetite, had been affected with occasional sickness and vomiting of every kind of food for fourteen days; the food thrown up was frequently sour.

"Dec. 14th, 1823. I prescribed pills of *Aloes, Rhubarb, and Bicarbonate of Soda.*

"Dec. 15th. In the night he vomited a yellow bitter fluid, I presume bile; in the morning the discharge from his stomach consisted of some undigested chicken broth, which he took on the 14th, and a quantity of green ropy fluid, exactly of the colour of the green baize floor cloth. He said the pills made him sick. *Water in sips; a grape to allay thirst; Enemata; Vesicatorium Epigastrio.*

"December 16th. If he took more than two or three grapes at once, he vomited them. P. 76, soft; no heat of skin; tongue swollen, furred and dry in the centre. Having discovered a tinge of blood in the water with which he had washed his mouth, I was led to examine his throat, which appeared slightly inflamed. Urine turbid; stools produced by the glysters natural, with a proper quantity of healthy bile. *Lemon ice; iced water sparingly; Blister to the left hypochondrium. Twelve leeches to the anus.*

"December 17th. The leeches bled so profusely within the rectum, that when he went to stool he passed from half a pint to a pint of blood which had lodged there. He evinced a dislike to grapes; he took two or three spoonfuls of tea, which he said was too strong, and produced uneasiness of his stomach. In the course of the day he took a glass of lemon ice and the same quantity of pump water, which he preferred to every thing, and with which he was constantly rincing his mouth; he had no complaint but of thirst; two aphthous spots were discovered on the inflamed uvula and velum;

he had three liquid, but otherwise natural stools in the night. P. 76; skin temperate. *Various gargles were used; glysters of milk, &c.*

"December 19th. Tongue less swelled; throat much inflamed and beset with aphthous spots; no vomiting since the night of the 16th. He took *a few ounces of human milk and a little ice. Blisters to the angles of the jaw. Glysters, gargles, &c.*

"December 20th. The aphthous spots increasing in number; debility great. *Arrow root with a little sherry. Continue milk and Cinchona glysters.*

"December 21st. Aphthous spots had completely overspread the whole of the palate. Countenance haggard; tarsi inflamed; an eruption of small papulæ on the back and breast.

"December 22d. Pulse 120; weak; strength sunk.

"December 23d. Refuses to take nourishment.

"December 24th. Oppressed breathing.—Death.

"DISSECTION performed on the morning of the 25th.

"The body was emaciated; the abdomen retracted. The gall-bladder was full of dark bile; the stomach, large and flaccid, contained nearly a pint of green fluid. Its mucous membrane presented a peculiar appearance; the veins were unusually turgid; the surface, particularly at the great extremity, was of a dark mahogany colour; the colour was owing to vascular distention, and general extravasation into the submucous tissue. The same appearance of vascular distention and extravasation, but in a lesser degree, was observable in the intestines. The mucous membrane of the œsophagus was of a deep red colour, and highly vascular." 259.

Case D. This was more fortunate. A young gentleman, after anxiety of mind, was attacked (30th of May) with pain in the upper part of the abdomen, soon after taking a draught of ale, while on a fatiguing journey. The pain was attended with sickness, and vomiting of green fluid. 31st. An apothecary exhibited a large glyster, which brought away a discharge of hardened fæces, after which, 3 grains of calomel were given. Dr. C. now saw the patient. There was no tension, and but little pain, unless when considerable pressure was used—pulse 80—tongue furred, rather swoln, but moist. Had vomited nearly a quart of amber-coloured fluid, like melted jelly, tart, but not bitter. Rochelle salts, in solution of soda and lemon-juice—blister to the abdomen—lemonade. *June 1st.* The symptoms all alleviated, and, by the 3d, he had no complaint.

Case E. This case also terminated favourably. The patient was a young servant girl, who came into the Meath Hospital, bent double with pain in the epigastrium. The pain was fixed and burning, and sometimes so violent as to cause her to cry out. There was no tension of the abdominal integuments, but considerable tenderness on pressure of the epigastrium. Whatever she swallowed was instantly thrown up—pulse 100—skin hot—tongue moist and furred. She had been ill three days. No catameia for six months. Venesectio ad ℥xx.—enema purgans—small doses of sulphate of magnesia in infusion of senna. While bled she vomited a considerable quantity of green ropy fluid. On the same day, she was again bled to 16 ounces—all medicines omitted—fomentations to the abdomen. The vomiting continuing, she was bled a third time in the evening, and

a blister applied to the region of the stomach. She was ordered a grain of calomel every hour. By the next day, having taken nine grains of calomel, the stomach was so much tranquillized, that she was able to retain a dose of castor oil, which produced a stool. The pulse was 120, the face flushed. Bled again, and a grain of calomel given every four hours.

"There can be little hesitation in considering cases A, B, C, D, which are well entitled to the attention of the pathologist, as specimens of one and the same disease, the essence of which was an erethism of the stomach of a very uncommon kind. The subjects of these cases were three brothers and a sister. The family to which they belonged consisted of six children; two, in additon to those whose cases I have related,—one a young lady of eighteen, who died, before I knew the family, of a similar complaint; at least so I infer from the testimony of her mother, who described her last illness as accompanied with vomiting, which was insuperable, of a fluid of the colour of verdigris; some uneasiness in the epigastric region, and aphthæ covering the pharynx.—The other a young gentleman of 20, who after having laboured for some time under cough, purulent expectoration, and a quotidian remittent, which had greatly reduced his strength, at last sunk, in two or three days, under the symptoms which attended the fatal illnesses of his two brothers and two sisters. It is further remarkable, that the father of this family died in a similar manner; he was not under my care, nor have I been able to obtain a particular account of his death; but I learn from one who was present, that, during the last two or three days of his life, he was much distressed with sickness and vomiting of a bright green fluid.

"During my attendance on the individuals whose cases are marked B, C, and D, I experienced great uneasiness of mind, arising from the inefficacy of the means which were adopted in case A, and the dread of a similar result.

"With respect to the treatment, I cannot affirm that Bloodletting was advantageous in case A; indeed the disease appeared to me to pursue its course uninfluenced by the remedial measures. In case B, the patient appeared to sink, in consequence of the effusion of blood, an occurrence by no means unusual, when bleeding after the application of leeches is not timely suppressed. In case C, I perceived not the slightest benefit from blood-letting, upon which I resolved, should I unhappily have to treat another case of the same kind, to abstain from that remedy, either general or local. Nor was calomel and opium, which, in inflammation of the mucous membrane, next to venesection, is the most powerful antiphlogistic we possess, of any efficacy. In case A, salivation was produced without any decided benefit. It will be perceived, moreover, that all the usual means of quieting the stomach, when irritable, where tried in vain." 264.

Lest these cases, and the remarks on them, should lead to inert treatment in genuine gastritis, Dr. C. has added the case E, as illustrative of the decisive measures which are often necessary in the more acute forms of this dangerous disease. In 25 hours, this girl lost up-

wards of 60 ounces of blood. "This was an example of acute inflammation of the mucous surface of the stomach, which, judging from the tension and tenderness of the epigastrium, had extended to the serous surface, the affection of the mucous surface, however, which was intense, being the main concern." We recommend the following extract to the consideration of those who think that nothing can be done in diseases without a large quantity of medicine.

"In idiopathic inflammation of the internal surface of the stomach, or when that surface becomes inflamed in the progress of dysentery, gout, or other diseases, I have often directed entire abstinence from medicine of every description, and from fluids even of the blandest nature, until the inflammation has been removed by bleeding, blistering, fomentations, &c. In truth the inflamed stomach is often incapable of retaining even a spoonful of cold water; and at first every description of medicine produces an aggravation of sickness, vomiting, and general distress. In such cases I have repeatedly witnessed the good effects of restraining the patient from drinking, and of withholding medicine for one or even two days. We can then, with advantage, administer calomel in doses of one grain repeated every hour, or of four or five grains with half a grain of the watery extract of opium every third or fourth hour, which we may alternate with a solution of Rochelle salts with soda, to which lemon juice may be added; but before having recourse to these means of resuscitating secretion, we must make sure that we have sufficiently reduced inflammatory excitement. If thirst is urgent, as is often the case in inflammation of the mucous membrane of the stomach,—most painfully urgent it often is, it may be assuaged by one mouthful of water, or by putting a bit of ice in the mouth; if there is much *dry retching*, a drink, consisting of water, lime water and milk, in equal proportions, may be given, which, while it quenches thirst, will sometimes lessen the straining to vomit; if these things fail, we may try a remedy of an opposite kind, namely, weak lemonade, which will often give great relief.

"The same method is applicable to excessive irritability of the stomach in continued fever, when that symptom arises from an inflammatory state of the mucous membrane of that organ, which may take place either with the epigastrium and hypocondria tumid, or without the slightest fulness of the abdomen.* In either case, before we prescribe purgative medicines, let us consider well whether they are likely to produce a *salutary* increase of secretion, or whether it would not be better, before having recourse to these, first to reduce the inflammation of the stomach by the application of leeches, fomentations, blisters, and enemata."

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* "Very acute inflammation of the mucous membrane of the intestinal canal often exists without tension, or the slightest tenderness of the abdomen; we witness this every day in the dysenteric fever which at present prevails (Sept. 1826). In private practice, I have seen eight fatal cases of dysentery in the course of the last two months, in only one of which was there the slightest tenderness of the abdomen; there was no tension in any of them."

Quarterly Periscope

OF

PRACTICAL MEDICINE;

BEING

The Spirit of the Medical Journals,

Foreign and Domestic;

WITH COMMENTARIES.

PART I.

"Ore trahit quodcunque potest, atque addit acervo."

1. MM. BOUILLAUD AND CRUVELHEIR ON THE ANTERIOR LOBES OF THE BRAIN.*

We think it much more likely that the material organs of certain faculties will be ascertained by pathology than by experiments on living animals. And as this is the course which Professor Cruvelheir and Dr. Bland have pursued, with the view of solving the above problem in physiology, we shall dedicate a few pages to the subject in this place.

The loss of speech, observes M. Cruvelheir, may be caused in three ways—1mo. By loss of memory of *things*—2ndo. Loss of memory of *words*—3tio. The inability to *articulate sounds*. The first cause, he thinks, has been greatly over-rated, by confounding it with the two others:—though it is easily discriminated from them. Falls on the head, attacks of apoplexy, some bad fevers, &c. may induce the first condition, which is sometimes partial, sometimes temporary, sometimes permanent.

The obliviscence of *words* is a much rarer case, and may exist with perfect integrity of the intellectual functions. The absence of words by no means implies the absence of ideas. The examples on record are numerous, where men have forgotten the words of a language—substances, proper names—nay almost the whole of their words, whilst their intellectual faculties were sound. Finally, the loss of speech may exist without loss of memory of things. Men have been able to write with fluency and correctness, though they could not speak—and, strange to say, they have been able to execute all the other movements and functions of the tongue, with-

* "Has the faculty of articulating sounds its seat in the anterior lobes of the brain, as maintained by Dr. Gall?"

out the power of uttering an articulate sound. The following is a striking example.

Case 1. A man aged 65 years, of sanguine temperament, but lame, from repeated attacks of rheumatic gout, was suddenly seized with hemiplegia of the right side, and inability to pronounce words. Bleeding and various revulsives were used, and some power returned in the lower extremity. The mouth, which was much drawn to one side, recovered its proper position in a degree, and the tongue could be pushed straight out. But he could pronounce no other words than "oui, non, mon Dieu!" and a few oaths which he had been accustomed to deal out very freely previously. His intellects were perfectly sound—he had lost no part of his memory—and was very greedy of the news of the day. He read books (without pronouncing the words)—played at cards with perfect correctness—laughed, wept, &c. but never without cause. Sometimes, forgetting his infirmity, he made violent attempts to speak, and at these periods could move the tongue in every possible direction: but still without any success. Our author endeavoured to teach him to speak by monosyllables, but he was of too impatient a disposition to make any progress. He continued in this state four years, during which he enjoyed good health, and then died suddenly, when M. Cruvelheir was from home, and no dissection was made.

Case 2. A patient was received into the HOTEL DIEU, who had been hemiplegiac of the *right* side for eleven months. He could only pronounce the monosyllables *oui* and *non*, although he appeared to be in full possession of his intellectual faculties. He died of acute pneumonia. On dissection, a considerable depression was observed in the middle part of the convexity of the *left* hemisphere. On cutting into this part, there was much resistance offered to the scalpel. They then came to a lamellated tissue, of yellow colour, infiltrated with serum, and forming a kind of cyst, with dense parietes, lined by a fibro-cellular membrane. This cyst or cavity occupied the centre of the *left* hemisphere. There was no disease in the anterior lobes of the brain.

The following case is curious and interesting in many points of view.

Case 3. A man was brought into the HOTEL DIEU in 1820, offering the following phenomena:—Hemiplegia of the *right* side—loss of speech—great difficulty of swallowing. His intelleets unaffected. M. Tavernier, the physician, went to the patient's house to learn the history of the case, and was informed by his wife, that eight years previously, her husband was seized with hemiplegia of the *left* side and great embarrassment of speech, immediately after a violent paroxysm of anger. His intellects, however, had not suffered. In the course of some months he recovered from this paralysis, the power of speech still continuing somewhat embarrassed. The present hemiplegia had come on the day preceding his entry into hospital, without any ostensible cause. All the usual means

were employed at the hospital, but without success; and he died on the tenth day of his illness.

Dissection.—The arachnoid covering the convexity of the hemispheres was rather thickened and injected. That covering the cerebellum was of a milky whiteness—plexus choroides very much injected. In the middle lobe of the left hemisphere, near its union with the anterior lobe, and exterior to the thalamus nervi optici of that side, there was found a clot of blood, the size of a nut, encircled by a yellow-red stratum of cerebral substance. The neighbouring portion of brain was softened to a small distance from the clot. The rest of the cerebrum was of its natural consistence. In the *left* lobe of the cerebellum a cyst, half an inch in diameter, with well organized parietes, was discovered, filled with a yellowish serum.

This case presents us with one of those curious exceptions to a general rule which we sometimes observe in apoplexy. The extravasation, in both attacks, was on the *left* side, though the paralysis was, in the first attack, on the left, in the the second, on the right side of the body. There are, it is true, but few well-authenticated instances of the hemiplegia being on the same side as the sanguineous extravasation; but still there are some examples which cannot be questioned. We have, ourselves, seen two or three instances. They are very inexplicable.

Case 4. A merchant, aged 48 years, of bilious temperament, and of very active habits, experienced, without any visible cause, a great loss of power in the tongue, and distortion of the mouth. The physician who was called in, contented himself with prescribing pediluvia and frictions. Little amendment took place; and at the end of six months he experienced a second attack, accompanied by hemiplegia of the *right* side. Drastic purgatives, blisters, and frictions were the only means employed this time. The hemiplegia nearly disappeared, but the embarrassment of the tongue continued. M. Cruvelheir was now consulted:—there was no cephalalgia—no affection of the intellectual functions—moral sensibility greatly increased—high degree of irascibility—frequent fits, alternately of laughing and crying—embarrassment in the movements of the tongue—mastication difficult, as also deglutition—articulation of sounds slow and difficult. In other respects, the digestion was good—the sleep tranquil—bowels constipated. This state continued unaltered for two years, at which period, he was occasionally affected with sudden diminution of power, sometimes in one side of the body, sometimes in the other. At these times the embarrassment of the tongue was augmented. Soon after this, he could not retain the saliva in the mouth—the mastication and deglutition became more and more difficult, and the articulation of words more embarrassed. In January 1824, three years from the commencement of the illness, the appetite failed, the strength diminished, and swallowing became a matter of extreme difficulty. To these were added vomitings, at first at intervals, but afterwards constantly—fever. Yet the intellects were still free. He died suddenly in this condition. Before

dissection, M. Cruvelheir prognosticated (we wish he had adduced more than his own assertion for this) that the seat of some of the cerebral lesions would be found in the tuber annulare, the peduncles of the cerebrum, or the upper portion of the medulla spinalis.

Dissection. The meninges were healthy, except that portion of the arachnoid covering the tuber annulare, the origin of the spinal marrow, and the optic nerves, where it was thickened, and of a dark colour. In the left hemisphere of the brain several minute morbid appearances were discovered, consisting of varicose dilatation of vessels, and small cysts, without contents. In one spot, however, on a level with the corpus callosum, and in the centre of the medullary matter of the left hemisphere, the scalpel met with a resisting body; which required as much force to cut through as the fibro-cartilaginous portion of the nose. It consisted of a hollow cyst, situated in the substance of the corpus striatum.

In the corpus striatum of the right hemisphere, there were two cysts filled with serum, and having yellow parietes. The tuber annulare was dense, and of a yellow colour throughout. In its centre was a depôt of blood not coagulated, the containing parts appearing as if torn. This depôt was the size of an almond. Near this was another depôt of ancient date, and with organized parietes. The lungs were sound—left side of the heart in a state of hypertrophy, the right side wasted and diminished. There were signs of chronic inflammation in the mucous membrane of the stomach, with abrasion of its villous structure.

In the examination our author found the vestiges of fifteen apoplectic attacks, the last of which took place in the tuber annulare, and occasioned death. The author anticipates a question that may be asked here—why did he not recognize the disease of the heart, during the patient's life? He excuses himself, by saying that the patient did not exhibit any symptoms of this disease, the pulse being regular, and no pain complained of in the region of the heart. This is rather a lame excuse; because, at that rate, no value is to be set on auscultation. If affections of the heart are expected to be discovered by the pulse, and by the symptoms which the patient describes, the practitioner will be often deceived. Our author observes, that where the chambers of the heart are proportionally enlarged or dilated, little inconvenience will be felt in the functions of respiration and circulation. It is only where there is a disproportion in the morbid dilatation that the functions are disturbed. This is true only to a certain extent. An enlargement of the heart, however equally increased in all its chambers and parietes, is a serious evil, though not so incompatible with life as where one chamber is out of proportion to the other.

Case 5. An infant, four years of age, was presented to our author in the following condition:—General debility, so as to be unable to stand, though without any distinct paralysis—deglutition very difficult, particularly of liquids—articulation of sounds very slow—breathing slow and laborious, and could only lie in a particular posture without danger of suffocation. In other respects, the

intellectual powers were above par, and its embonpoint considerable. This state had continued three years, at which epoch it had a convulsion fit, occasioned, it was supposed, by a fall on the head. These convulsions had returned, from time to time, and the child was thought to be epileptic. Professor C. looked upon the case as beyond the resources of art, and judged the tuber annulare to be the seat of the disease. Five or six months afterwards, the child died in a state of asphyxia, but without showing any diminution of intellect till the last. On dissection, he found the corpora olivaria indurated to a cartilaginous consistence, but offering no other change. One of the cerebellic peduncles (he forgot to note which) participated in this induration. Every other part of the brain and cerebellum was perfectly sound. The spinal marrow was also sound.

Remarks. When it is recollected that the hypoglossi, glossopharyngei, and pneumo-gastric nerves arise about the corpora olivaria, we need not be astonished at the disturbed functions of those organs to which these nerves are distributed, viz. the lungs, the pharynx, tongue, &c.

The foregoing cases have proved that the loss of articulating power was the result of organic lesion of the *middle* lobes of the brain; the following cases are introduced to show that the *anterior* lobes may be disorganized, without the loss of the said power.

Case 6. M. R. aged 42 years, of strong constitution, who had never complained of headache, or evinced the least disorder of intellect, became melancholy and peevish, without any apparent change of health. About a year after this, he had assisted at a public procession, with his bare head exposed to the sun, and became affected with violent cephalalgia, which continued several days, taking a periodical form. The cinchona was administered, and in six weeks the headaches ceased. Complete amaurosis then took place, for which galvanism was ineffectually employed. Fever supervened, and death closed the scene, but still without any disorder of intellect till the last, or any difficulty of speech.

On dissection, the anterior lobe of the right hemisphere was found completely disorganized, being one vast pouch or cyst, containing a pulpy homogeneous matter. The thalami nervorum and other portions of brain were sound; but the optic nerves themselves were shrunk.

Case 7. N. aged 24 years, of robust constitution, and florid complexion, consulted our author on the 12th Dec. 1821, on account of an œdema of the left cheek and eyelids. There was a kind of chemosis of that eye, and severe supra-orbital pain, and some fever. These symptoms had continued for several days, and had been preceded by some smart febrile paroxysms. He had received no fall or other injury. Leeches and other antiphlogistic means were employed. By these the symptoms were relieved, and our author lost sight of the patient for some days. On the 30th Dec. M. C. was again sent

for, and found his patient remarkably emaciated for so short a time. He still had pain in the left eye, which was very sensible to light. The pulse was natural, but he had vomiting after the ingestion of food or drink. On the 1st January, 1824, M. Cruvelheir was astonished at the slowness, inequality, and smallness of the patient's pulse, and immediately suspected some organic disease of the brain. The patient could not now use any mental exertion, and desired to be left alone and in the dark. He was bled from the feet, and some other means were used, but the malady increased. He saw double with the left eye; had strange noises in his ears—slow breathing—sighing—excessive susceptibility to the slightest moral or physical impression. He died on the 14th of January.

Dissection. The anterior lobe of the left hemisphere was one vast abscess, filled with thick, greenish pus. There was matter of the same kind under the arachnoid, covering the pons varolii and origin of the spinal marrow. The parietes of the abscess were formed of a membrane a quarter of a line in thickness, whose internal surface was red, rugous, and granulated. There was softening of the cerebral substance around the parietes of the purulent depôt. This man could pronounce his words distinctly to the last, and yet one of the anterior lobes was disorganized.

Our author concludes, from these facts, that it is not proved that the faculty of articulating sounds resides in the anterior lobes of the brain. However this may be, we consider the foregoing cases as interesting in a pathological point of view, as well as in a physiological.—*Nouv. Bibliot.*

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2. KINO IN DROPSY.

There is a curious case recorded in the Feb. No. of the Medical and Physical Journal, by Dr. Paul, of Elgin, which is worthy of notice. The patient was a colonel in the Royal African corps, who had returned from the Coast of Guinea, in October, 1825, in a desperate state of health. He had irritative fever, great prostration of strength, effusion in the abdomen, anasarca of the ankles and feet, tenderness in the region of the liver, great irregularity of bowels, emaciation. The abdominal effusion increased, in despite of every species of diuretic, including mercury, and, on the 26th December, it was necessary to draw off eighteen pints of fluid. Diuretics were again tried, but the abdomen filled, and by the 24th Jan. the operation again became indispensible. He was now so weak, that they thought the Colonel would have died among their hands. Sixteen pints were drawn off. The fluid in the abdomen collected again as rapidly as ever. As diuretics had completely failed, and the stomach nauseated them, Dr. Paul determined on a novel, and, as it proved, a fortunate remedy. Dr. P. prescribed half an ounce of tincture of kino in port wine daily. It was commenced on the 4th Feb. and continued a few days, when the dose was increased till he took an ounce daily of the tincture, with full a pint of port. This plan was continued till the first of April, after which an ounce served for three days.

When he began this plan, the abdomen was nearly as full as before tapping. In eight days his appetite began to improve, the strength increased, the pulse fell in frequency. The abdominal swelling remained stationary for a time, and then decreased, till he was able to walk about, and even to undertake a journey to London. Since that period, he has improved wonderfully in health, and although there is still some abdominal effusion, it is not unreasonable to expect that it will be altogether removed. Every eight or ten days, he takes three grains of calomel at night, and some tincture of rhubarb in the morning. The history is communicated in a letter to Sir James M'Grigor, (who saw the patient,) and is, therefore, authentic.

This case proves that all dropsies are not dependent on inflammation, which is the ultra-doctrine of the day. There are dropsies of debility; else, why should we generally find œdema of the ankles so common in all weak states of the body. We think it is probable that any good tonic, as the quinine, with generous wine, would have produced the same beneficial change, in the above case, as the kino. The event is well worthy of record, as a check to the doctrine which almost exclusively attributes serous exhalation to inflammatory action of the vessels carrying red blood.

3. DOUBLE HEPATIC ABSCESS.

The liver is a viscus whose organic sensibility does not appear to be of the most acute kind, especially as compared with the stomach, duodenum, or small intestines. Its functions are intimately connected with health—but its derangements may amount to a great extent, functional or structural, before life is endangered. Its sympathies are numerous, but, like its sensibility, they are not of the most vivid character. Abscesses in this organ often break down and destroy a great portion of its structure, with comparatively little disturbance of the general system, especially if the suppurative process be slow. The prognosis, however, in all hepatic abscesses is grave—often too grave, as the following case, recorded by M. Cavalier, in the January number of the REVUE MEDICALE, will show.

Case. In August, 1825, Joseph Revel, a young peasant, was seized with acute hepatitis, of unequivocal character. The fever was intense, the pain of the right side, stretching to the shoulder, violent; but there was no vomiting—no jaundice. The treatment was rigidly antiphlogistic, and by the end of the month the patient was convalescent. He returned to his occupations, but still he felt a deep-seated and obscure pain in the right hypochondrium. Towards the end of September, after some strenuous corporeal exercise this pain assumed a more acute character, and was accompanied by some febrile movement, which obliged him to give up work. In a few days afterwards, an indolent tumour was perceived in the right side of the back, between the 7th and 10th ribs, which, by the 20th October, had acquired the size of a child's head. For some reasons, not clearly stated, the caustic potash was employed instead of the

knife, to open this vast abscess. The slough came away on the 24th October, and about a pint of matter, of a reddish colour, with flocculi partly dissolved, the whole having the appearance of lees of wine. The discharge was also pretty profuse on the dressings. The fever now took a hectic character, and emaciation rapidly advanced. Nourishing food and the bark were prescribed. He was going on from bad to worse, when, on the 16th November, M. Cavalier was called to the patient in great haste, as he was said to be dying by vomiting of blood. On arrival, it was clearly seen that the patient was not vomiting blood, but the same kind of material which had been discharged from the abscess in the back. He was nearly suffocated by this new discharge: but it gradually lessened, though it still continued more or less to be expectorated for three weeks afterwards. The original abscess continued to discharge all the time, apparently unaffected by the new formation. Injections thrown into the hollow of the dorsal abscess did not pass into the lungs, or occasion any taste in the mouth, when bitter infusions were thrown in. These circumstances led to the conclusion, that the abscesses were distinct in the liver. The patient continued in a deplorable condition for about eighteen days, when the expectoration greatly diminished—the cough subsided, and, to the great surprise of our author, they both finally ceased, while the hectic fever diminished, and the general health of the patient somewhat improved. Nevertheless the dorsal abscess became fistulous, and still furnished an abundant discharge. In this condition the patient was received into the hospital, (Draguignan,) with little hope of recovery. A probe passed several inches into the fistula—the fever continued stationary—the digestion was impaired, and although there was not actual icterus, the skin had assumed a very unhealthy sallow tint. Astringent injections were used, and nourishing food, with tonics, were continued. In the course of a month, the probe passed less profoundly into the fistula. In another month a diarrhœa came on, and the fever diminished. By the month of June, the abscess had closed, and, after this, the convalescence, went on to complete recovery.

We shall only remark, on this case, that, in acute hepatitis, the cure should not be trusted entirely to bleeding and purging, as it generally is in this country. The glandular structure requires to be emulged by mercurials, while inflammatory action is controlled by blood-letting and the usual antiphlogistics. It was probably owing to the want of this auxiliary treatment, in the above case, (for in France mercury is rarely thought of in acute inflammation,) that the abscess formed in the liver in spite of sanguineous depletion.

4. CATARRHO-RHEUMATIC OPHTHALMIA.

[Glasgow Eye-Infirmary.]

We have followed Mr. Mackenzie through his divisions of ophthalmic inflammation, and we are not among those who have taunted him with *German* minuteness in his distinctions. We believe, on the contrary, that *minute attention* to the phenomena of diseases, as

modified by the structures which they assail, and the causes which produce them, is the only sure means of arriving at accurate diagnosis and successful practice. In answer to some queries which had been addressed to our author from London, as to what he meant by *rheumatic* ophthalmia, Mr. M. replies, *first*, that he means simply inflammation of a fibrous tissue of the eye, (the sclerotica,) and of surrounding parts of similar texture, excited by atmospheric changes. *Secondly*, that this inflammation does not differ from chronic inflammation *in kind*, on account of the supposed rheumatic diathesis, but merely on account of the structure and functions of the part attacked. *Thirdly*, he has never known a metastasis of rheumatism from another part of the body to the eye, as frequently takes place to the heart. "In all cases of rheumatic sclerotitis which I have witnessed, the disease was primary, whether in rheumatic or in non-rheumatic subjects—never metastatic." *Fourthly*, he has taken, on trust, from Beer and Wardrop, the term "rheumatic ophthalmia," lest he should shock the reader by a new name, yet "sclerotitis atmospherica" would, he thinks, be a truer appellation. The inflammation in question, however, resembles rheumatism in its exciting causes, its accompanying pain, its exacerbations, and its cure. He thinks it has probably been less generally recognized as rheumatism, because the common seat of the latter, in general, is hidden from our view; whereas the disease under consideration attacks a structure which is covered only by a thin semi-transparent membrane, and is, therefore, exposed to direct examination.

But to return. In two former communications, our ingenious author described the pure catarrhal, and then the pure rheumatic ophthalmia, illustrated by cases treated publicly in the Glasgow Eye-Infirmary. He now proceeds to the catarrho-rheumatic ophthalmia.

In this disease, the conjunctiva and sclerotica are attacked simultaneously—the former by catarrhal, the latter by rheumatic inflammation. The symptoms, then, like the pathological conditions of the two diseases, are conjoined. If these be *German* distinctions, observes Mr. M. they are natural distinctions—anatomical distinctions—physiological distinctions—practical distinctions, of the greatest importance to all who have eyes to be cured, or who wish to cure the eyes of others.

Thus, on examination, we find the external covering of the eye liable to profluvial or muco-purulent ophthalmia—the fibrous texture beneath subject to rheumatic inflammation. In some ophthalmies we find one membrane affected, in others, the other, and, in many cases, both. Hence, there are three sets of cases occasionally presented to our view, the symptoms of which are so strikingly marked, that they cannot be overlooked by any practitioner of the least observation and attention, to whom they are once pointed out. They require different methods of cure. If discriminated, they are easily subdued—if confounded, they are apt to leave the eye permanently injured, or even deprived of sight. Under the three heads of symptoms, causes, and treatment, Mr. Mackenzie has laid down his descriptive, etiological, and therapeutical observations, in language so

precise, that we are unable (and this is not a very common case) to condense it without loss to our readers. We shall, therefore, offer an extract, rather than an abstract, on this occasion.

"1. As both conjunctiva and sclerotica are affected in this disease, the symptoms are both more complicated, and also more various, than those of the unmixed conjunctivitis and sclerotitis, formerly described.

"2. The sense of roughness, which is compared by the patient to the feeling of sand between the eyelids and eyeball, and the secretion of purulent mucus and purulent meibomian fluid, are sufficiently indicative of the part taken in this disease by the conjunctiva. The nocturnal accession of racking circumorbital pain marks the affection of the fibrous sclerotica, the surrounding periosteum, and the neighbouring temporal fascia.

"3. In some cases of catarrho-rheumatic ophthalmia, the conjunctivitis is severe, the sclerotitis slight; but more frequently the sclerotitis is severe, the conjunctivitis not so considerable.

"4. In this disease the conjunctiva and sclerotica are attacked simultaneously. Occasionally it happens, in the course of pure rheumatic ophthalmia, that the patient, from some new exposure, becomes affected also with catarrhal conjunctivitis, as in the case of Mary Scott, page 44. More rarely does an attack of rheumatic sclerotitis supervene on catarrhal ophthalmia. But in catarrho-rheumatic ophthalmia, both membranes appear to be attacked at once, in consequence of the influence of one and the same exciting cause.

"5. In this disease, the redness is evidently both conjunctival and sclerotic. Under the moveable network of the conjunctiva, we perceive the immoveable zonular inflammation of the sclerotica. In pure catarrhal ophthalmia, the sclerotica, no doubt, partakes in the inflammation of the contiguous tunic, but no paroxysms of rheumatic pain are present; the sclerotica, suffers sympathetically, not primarily. In pure rheumatic ophthalmia, also, the conjunctiva is reddened, from contiguous sympathy with the structure which it invests, just as the skin is reddened over a joint suffering from acute rheumatism; but neither the conjunctiva in the one instance, nor the skin in the other, is the seat of the primary disease. Besides, in pure rheumatic ophthalmia, the conjunctiva betrays no marks of profluvial disease.

"6. Chemosis, or inflammatory œdema of the sub-conjunctival cellular substance, is by no means an uncommon attendant on catarrho-rheumatic ophthalmia. When it does occur, it hides from our view the sclerotic redness.

"7. The discharge from the conjunctiva in this disease is never profuse, and seldom opaque. It amounts, in general, rather to a mere increase of mucus, than a flow of pus.

"8. The eyelids adhere together in the morning, from the inspissated meibomian secretion. Not unfrequently they are also externally red and swollen.

"9. Considerable intolerance of light and epiphora attends this ophthalmia, in all its stages; but especially in those cases where the structure of the cornea is affected.

"10. The conjunctival pain, which is compared to the feeling produced by sand between the eyelids and eyeball, is felt most in the morning, or when the eyelids are moved. The sclerotic pain is nocturnal, and observes the same periods of renewal, violence, and abatement, which I have noticed in my paper on Rheumatic Ophthalmia. The conjunctival pain is referred to the surface of the eye, and sometimes to the forehead. The sclerotic pain is circumorbital.

"11. In this disease, the cornea is extremely apt to suffer from ulceration, and from effusion of pus between its lamellæ. Indeed, there is no ophthalmia to which adults are exposed, in which ulcer of the cornea and onyx are so frequent, as in the catarrho-rheumatic. If this disease is neglected for eight or ten days, and especially if the patient be far advanced in life, we almost uniformly meet with one or other, and not unfrequently with both of these symptoms.

"12. The ulcer is peculiar. It spreads over the surface, rarely penetrating deeply into the substance, of the cornea. It generally cicatrizes without leaving any opaque speck, the cornea remaining merely irregular, as if part of it had been hacked off with the lancet; and of course vision, from imperfect refraction, is confused. Professor BEER and Mr. WARDROP have described this kind of ulcer as attendant on pure rheumatic ophthalmia, but I have never seen it except in catarrho-rheumatic cases. Professor Beer mentions that it originates in a phlyctenula, but I have never had an opportunity of seeing any appearance of this kind. If the case continues to be neglected, or if it be mistreated, this ulcer ceases to be superficial; the substance of the cornea is more deeply attacked, and opaque leucoma will be the result.

"13. Onyx, or effusion of pus between the lamellæ of the cornea, is the most alarming of all the symptoms of this ophthalmia. It generally commences at the lower edge of the cornea, in shape like the white spot at the root of the nails, convex on its upper edge, gradually increasing, mounting upwards, separating the lamellæ more and more between which it is effused, and greatly adding to the sufferings of the patient. It reaches not unfrequently to such a height as to implicate more than half of the cornea. The pus of an onyx in catarrho-rheumatic ophthalmia is very rarely absorbed. The cornea becomes ulcerated over the centre of the onyx; the pus is evacuated; the ulcer penetrates through the posterior lamellæ of the cornea; the aqueous humour escapes; the iris falls forward into contact with the ulcerated cornea; in nine cases out of ten, these parts adhere together, and the result is partial or total staphyloma.

"14. As the onyx goes on advancing, there is commonly also an effusion of lymph going on in the pupil: the pupil becomes, first of all, less vivid in its motions; the colour of the iris changes; the pupil becomes hazy, contracts as the onyx increases, and may at last be obliterated.

"15. In some cases, the onyx is accompanied by hypopium, or effusion of pus into the anterior chamber. In other cases, the onyx bursts first into the anterior chamber; false hypopium is thus produced, and ultimately the cornea gives way.

"16. If luckily the matter of an onyx be absorbed, albugo remains for a considerable time, but gradually diminishes, and may ultimately almost entirely disappear. If onyx is dispersed by the cornea giving way, leucoma is the result, and never entirely disappears. Staphyloma cannot result, unless the iris and cornea have become partially or totally adherent. Mr. Wardrop remarks, that partial staphyloma generally affects the inferior half of the cornea. The reason is, that partial staphyloma is commonly the consequence of onyx, which, in nine cases out of ten, takes place at the lower edge of the cornea.

"17. In catarrho-rheumatic ophthalmia, the pulse is generally quick and sharp; the tongue white, and mouth ill-tasted. The nocturnal pain completely prevents sleep, till about sun-rise. Catarrh sometimes attends, and adds to the febrile symptoms.

"18. We generally find that the rheumatic symptoms yield first to treatment; the catarrhal continuing for some days longer. But in some cases I have observed the reverse: the circumorbital pain continuing in a slight degree after all the catarrhal symptoms were gone.

"CAUSES.

"The causes of catarrho-rheumatic ophthalmia appear to be similar at-

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"* Morbid Anatomy of the Eye, vol. i. p. 106.

mospheric influences to those formerly enumerated as giving rise to catarrhal, and rheumatic ophthalmiæ. Amongst the poor, the disease may in general be traced to cold, to which the patients have been exposed, particularly during the night, from deficient clothing and want of proper shelter. Like other inflammatory and rheumatic affections, it is more prevalent during north-easterly winds.

"Professor Beer thought that cold draughts of air,* playing upon the eye, excited rheumatic ophthalmia; and that foul airt caused catarrhal ophthalmia. According to this view, air at once corrupted and impelled with force against the eye, especially when the head is covered with perspiration, will be the most likely cause of catarrho-rheumatic ophthalmia.

"In 1805, at Riding-street Barracks, nearly twenty miles to the interior of Romney Marsh, the second battalion of the 52d Regiment appears to have suffered severely from catarrho-rheumatic ophthalmia. Dr. VETCH attributes the severity of the disease in that situation, and the intermittent form of some of the symptoms, to the influence of the marsh.‡

"That the discharge from the conjunctiva in catarrho-rheumatic ophthalmia, if applied to the conjunctiva of a healthy eye, will excite a puro-mucous conjunctivitis, is extremely probable, and is supported by such facts as I have recorded in Cases XII. and XIII. of a former communication.§ That catarrho-rheumatic ophthalmia can arise from contagion, is extremely improbable. In such cases as that of Coleman and her child, (Case VII. of the present paper,) both patients had been exposed, we may conclude, to the same exciting cause; and, while the one caught catarrhal ophthalmia, the other was seized with the catarrho-rheumatic form of this disease.

"Professor Beer mentions that catarrho-rheumatic ophthalmia sometimes occurs in children, and still more frequently in old persons, along with suppression of urine. But he seems to reject the conclusion of some, that this was any thing more than a mere coincidence; and he gives us no hope that diuretics would be peculiarly serviceable, even though they restored the secretion of urine.¶

"We meet with catarrho-rheumatic ophthalmia much more frequently in old persons than in the young or middle-aged.

"TREATMENT.

"The successful treatment of this disease does not depend so much on any new remedies, as on a proper selection of some of the means formerly recommended, either for the catarrhal or for the rheumatic ophthalmia.

"1. Venesection. This appears to be as necessary in the catarrho-rheumatic as in the pure rheumatic cases; and is attended by as remarkable relief to all the symptoms, especially to the circumorbital pain. According to the severity of the case, and the age and constitution of the patient, from ten to thirty ounces of blood may be taken from the arm; and the same quantity on the day following, if the symptoms are not greatly relieved.

"2. Leeches to the temple are also highly useful, particularly when applied soon after venesection.

"* Eine kalte Zugluft."

"† Ein zersetzer verdorbener Luftkreis."

"‡ See VETCH's Account of the Ophthalmia which has appeared in England since the return of the British Army from Egypt, Lond. 1807, p. 20. Also Dr. A. T. THOMSON's Remarks on Acute Rheumatism, in this Journal for February, p. 123."

"§ Vol. lvi. p. 329."

"¶ BEER's Leitfaden, vol. i. p. 310."

"3. Scarification of the conjunctiva of the eyelids proves useful in cases of chemosis; but produces comparatively little effect, unless practised in the manner described at page 324, vol. lvi.

"4. Calomel and Opium. The same good effects are derived from this combination in this ophthalmia, as in the pure rheumatic. The dose, and the length to which the calomel should be pushed, are the same. See p. 41.

"5. Opiate Frictions on the forehead and temple, about an hour before the expected attack of circumorbital pain.

"6. Belladonna, so as to keep the pupil dilated.

"7. Blisters behind the ear, or to the nape of the neck.

"8. Purgatives; such as a brisk dose of calomel and jalap at the beginning, and a gentle laxative every morning during the course of the disease.

"9. Sudorifics; such as Spiritus Mindereri, diluent drinks, the warm pediluvium, and a flannel under-dress.

"10. Tonics; such as Cinchona and the Mineral Acids, in the chronic stage of the disease. Under these heads, I have nothing to add to what is stated at pages 41 and 42 of this volume, and at page 325 of vol. lvi.

"11. Solution of Nitrate of Silver. As in the catarrhal, so in the catarrho-rheumatic ophthalmia, the solution of from two to four grains of nitrate of silver in one ounce of distilled water, dropped upon the conjunctiva once a-day, relieves the feeling of sand, and speedily removes the other symptoms of conjunctivitis. This application, however, has no effect on the sclerotic part of the disease; and I should conceive it a very dangerous mistake to trust to this remedy almost alone, as we may safely do in pure catarrhal ophthalmia, and to neglect the appropriate means for reducing the attendant inflammation of the sclerotica. See Mr. MELIN's Report, in this Journal for September, 1824.

"12 Vinum Opii. Before the catarrhal part of this disease is subdued by the solution of nitrate of silver, this remedy rather aggravates the symptoms. After the conjunctivitis and the acute sclerotitis have yielded, it operates favourably, as in the chronic stage of the pure rheumatic ophthalmia; affording thus a good illustration of the remark of BOERHAAVE—'Nullum ego cognosco remedium nisi quod tempestivo usu fiat tale.'

"13. Collyrium Muriatis Hydrargyri, one grain to eight ounces, to be used milk-warm three or four times a-day.

"14. Unguentum Præcipitati Rubri, smeared along the edges of the eyelids at bedtime These I employ as part of the treatment suitable for the conjunctival part of the disease, according to the directions given at pages 325 and 336 of vol. lvi.

"15. With respect to the treatment of onyx, I would recommend the lancet not to be used for evacuating the purulent fluid effused between the lamellæ of the cornea. In every case in which I have evacuated the matter with the lancet, partial or total staphyloma has been the result. In Ferrie's case, (Case VIII.) I left the matter to itself, and certainly no case could be more alarming in its progress, nor more unexpectedly happy in its results. I attributed the success which attended this case in a great measuse to the sorbefacient influence of the calomel over the effusion into the pupil,—to the continued use of belladonna,—and to the gradual preparation of the cornea by nature for its giving way, and for its healing up; a preparation which would probably have been entirely defeated, had I ventured, as I had done in a number of previous cases, to open the onyx with the lancet." 300.

For a selection of cases illustrative of the foregoing descriptive and didactic matters, we refer to the April Number of the Medical and Physical Journal.

5. ON ALUM IN DIPHTHERITIS, OR MALIGNANT CROUP. BY M. BRETONNEAU.

Our readers will remember that, in our Number for October, 1826, page 419, *et seq.* we gave an extended analysis of Dr. Bretonneau's work on Croup, Angina Maligna, Angina Gangrenosa, &c. in which were shown the inefficacy of depletion, and the good effects of certain local applications to the tonsils and fauces, before the peculiar or croupal exudation had spread down the larynx.

The same author has published a paper in the January Number of the Archives Generales, containing some further notices of the disease, and of the use of alum as a remedy. This substance has been recommended since the time of Areteus, in the various forms of inflammation and ulceration of the throat. At the close of M. Bretonneau's large work, he adverted to two cases of angina maligna, where alum was used, and apparently with good effects. Since that period he has had more frequent recourse to the remedy, and with success. We shall glance at some of the facts brought forward in support of the topical application of alum in this disease.

In the beginning of July 1826, a malignant angina broke out at Villandry, four leagues from Tours. A man had already fallen a victim to the disease, on the fourth day; and his wife becoming affected, M. Bretonneau was summoned to her assistance. This female was 21 years of age, of florid complexion, and had just weaned her child. When she first complained of her throat, an emetic had been administered. In the night, deglutition became painful, and next morning, one of the tonsils was covered with lichenoid concretions, and was much tumefied, as were the lymphatic glands on that side. By noon the peculiar concretion was much extended—the pulse was small and quick—the countenance depressed—the breath very fetid. Our author had no muriatic acid at hand, and therefore he mixed up some finely powdered alum, with just as much fluid as was sufficient to form a kind of paste, which he applied to the tonsils and parts affected, by means of the handle of a spoon. In the evening the fetor of the breath was much diminished. Another application of the alum was made; and by the next morning the tonsils were beginning to clean—the glands to subside. Three more applications of the alum completed the cure.

In the same village he saw a child of three years of age, who showed symptoms of incipient disease of the throat. Dr. B. warned the health-officer of the impending danger, but the latter laughed at him, and said he cured all these throat-affections easily by acid gargles. Forty-eight hours afterwards the breath became fetid—croupal symptoms came on, and the child died suffocated on the following day. Another child soon experienced the same fate, there being only time for one application of the alum before death. A third was taken more early, and by the assiduous application of the alum, life was saved.

On the 15th of July, Dr. B. saw the brother of the child first-mentioned, aged four years. His pharynx was covered with concretions, which extended beyond the view—the cough was croupy

—and he had, in Dr. B's presence, an attack of croupal suffocation, leaving no doubt in our author's mind, that the diphtheric inflammation had extended deeply into the air-tubes. An emetic had been given, and blisters had been applied to the nucha and legs. The mercurial treatment was proposed, as the only resource, but not assented to by the parents. The little patient sunk next day.

At this period the infant that had been weaned, when the mother became ill, was taken with the angina maligna; and the aluminous application was not put to the trial till the third day of the disease. It was then used, and some calomel given. This child was saved, though with much difficulty. Several other cases are related—some successful, but others not so. As far, however, as the limited number of instances, in which the remedy was employed, can afford evidence, the alum appears to be a valuable local application in this dangerous disease.

6. ON GREEN TEA.

Mr. Newnham has recently published a little brochure on this beverage, so refreshing and exhilarating to some—so distressing, we might almost say, poisonous, to others. This difference of effect, from the infusion of green tea, is attributed by our author, to a difference in the state of the system at the time the beverage is taken. Mr. N. is led to conclude that green tea is a direct sedative, in those head-aches, "*in which there is an increased action of its vessels, with more or less of power to support it;—or in other words, in a state of sthenic excitement of the organ.*" Thus, green tea is found to be particularly useful in the head-ache produced by the stimulation of alcoholic fluids; and in a similar affection arising from intense mental exertion or literary research. In such circumstances, it soothes irritation—"calms the nervous system—invigorates the animal frame—refreshes the jaded spirits—clears the ideas—brightens the faculties," and recruits the flagging energies of the brain. Such is the flattering picture of green tea, as drawn by Mr. Newnham. But then this picture has two sides. If the plant, in question, produces such delightful effects in *sthenic* excitement of the brain, or in increased vascular energy; it is to be remembered that, in opposite conditions of this organ of the mind, green tea is baleful. Thus, females endued with a high degree of *mobility* of the nervous system, existing independently of any *sthenic* excitement—and males, in whom the *asthenic* diathesis prevails, are they who generally complain of the effects of green tea.

The author has made many experiments on himself and others, with the view of ascertaining the above points, and if the histories are accurate (of which we have no doubt) his conclusions are just. One or two instances we shall glance at rapidly.

1. Mrs. Wicher was thrown from a gig on the 15th October, and suffered a *concussion of the brain* among other serious injuries. She had remained in a state of insensibility for 36 hours, after which, delirium alternated with transient gleams of reason. On the 18th, our

author found her delirious, pulse hard and contracted, tongue furred and dry, skin hot, bowels torpid. She had great pain in her head and intolerance of light, with contracted pupil, injected conjunctiva, and disposition to drowsiness. She was largely bled, freely purged, and her head well leeched. 19th, The symptoms being very little relieved, the depletory means were again employed. 20th, The delirium had increased, and the head-ache was still intense. "She was altogether in a precarious state." She was now directed to take some strong green tea, with the view of arresting the inordinate action of the cerebral vessels, which still continued. The effect was remarkable. The pulse became fluttering—palpitation and sense of faintness succeeded—a cold moisture broke out on the skin—and, from a constant muttering, and confusion of ideas, she became calm, and remarkably collected. She sent for her husband, and said she felt herself dying—took leave of her children and friends—and then fell into a gentle sleep. After this she gradually and progressively recovered.

2. In the acute irritation of the membranes of the brain, in children, the efficacy of green tea has been strongly marked, in Mr. Newnham's practice. Exhibited during the early symptoms, as soon as a sufficient quantity of blood has been drawn, "and before the primary irritation has terminated in serous effusion, it has proved a more powerful means than any other we possess, of controlling that morbid action, which, if suffered to proceed to its second stage, is scarcely to be overtaken by treatment."

3. Mr. N. thinks that green tea promises to be very serviceable in the commencement of the cerebral disturbance attendant upon the continued fever of this country; and indeed so long as that excitation is continued, without any marked loss of power to support it. He has tested its effects in these cases, and speaks in confident terms of the utility of the beverage. "Thus, it has often produced quiet sleep, when great vigilance had preceded, and where opium could not, with propriety, have been exhibited. It has allayed the irritability of excitement, and *refreshing slumber* has been the consequence."

4. The next case related is that of the author himself, of which we shall present our readers with a short account.

In the spring and summer of 1822, Mr. N. was attacked with increased arterial action of the cerebral vessels, for which he was repeatedly bled, generally or locally, with strict adherence to the antiphlogistic system. But by these means the head-ache and throbbing were only palliated, not dissipated. He determined to try green tea. The pain was very intense, when he first employed the remedy, and the effects were memorable. Soon after swallowing a strong infusion (one ounce of gun-powder tea to the pint of boiling water) the severity of the head-ache was diminished, and a delightful calm stole upon him, accompanied by a considerable exhilaration of spirits. But this Elysian tranquillity was soon changed for a variety of painful sensations—an almost insupportable præcordial anxiety—palpitation and fluttering of the heart—general tremor, and a peculiar distress which he has no words to describe.

Yet his spirits did not forsake him in this trial; for he felt that his head was better, and was rejoiced to know that he was in possession of a mean of mitigating his complaint.

His friends, however, were alarmed for his safety. The symptoms of agitation gradually subsided, and he slept that night with greater quietude than usual. During the progress of his illness, he had daily recourse to the remedy, for some time, and always with the effect of quieting the excitement of the cerebral vessels—accompanied, however, by the same train of nervous symptoms as above described.

Since his recovery, he has tried the green tea on himself and some of his pupils in health. The effects corresponded with those already described, and the general conclusion is, that green tea is a sedative—and that it will prove highly serviceable in all cases of high arterial excitement. It is abundantly evident, however, that this witching beverage is no sedative for *nervous irritability*. On the contrary, in such constitutions, and under such circumstances, it is extremely improper—we had almost said dangerous. We hope the remedy will be found, in other hands, to produce the effects described by Mr. Newnham. If so, green tea will be an addition of some value to the materia medica.

7. SEVERE HÆMATURIA UNEXPECTEDLY CURED.

The following case, by Dr. Chastaingt, is worthy of perusal. M. T. had been subject, for several years, to a hæmorrhoidal discharge, which, at one period, was very profuse. This discharge gradually ceased, and then came on a hæmaturia, preceded by certain constitutional symptoms, as cephalalgia, malaise, lassitude, faintness, weight in the loins, uneasiness in the bladder, &c. These symptoms gradually abated as the hæmaturia became copious; and they were renewed before each hæmorrhagic effort afterwards. The blood was sometimes intimately mixed with the urine—sometimes it came away pure and separately. In general, the exercise of walking or riding, as also stimulating diet or medicine augmented the discharge. The patient experienced no difficulty or pain in making water; nor at the neck of the bladder or extremity of the urethra. The catheter had been introduced, but no material obstruction existed. Our author concluded that the blood came from the capillaries of the bladder, or from varicose vessels about the cervix of that organ.

Low diet, repose, cold applications to the hypogastrium and perineum, cool and acidulated drinks, emollient, and afterwards astringent injections into the bladder, together with the other usual means employed in hæmorrhagic complaints, were here used, without the least success. The patient's strength daily decreased, and a constitution previously robust, appeared to be fast breaking up. It was at this period that Dr. C. was called to the case, and he continued similar treatment for some time, without making the least impression on the disease. In fact, the more blood that was taken from other parts of the body, the more copious became the hæmaturia

Tonics, astringents, &c. were next tried, without any beneficial result. A memoir of the case was then carefully drawn up, and transmitted to Paris, for the advice of the Metropolitan Lions. One of the most distinguished surgeons gave it as his opinion, that the blood was furnished by the capillaries of the bladder, and that the treatment which had been adopted, was the only one which was proper; but he thought depletion was carried too far, and to that he attributed the want of success. Dr. C. at this time determined to examine the state of the bladder himself, and therefore introduced a sound into that organ. At the neck of the bladder, it met with some resistance; but this being overcome, nothing could be detected in the hollow of the organ. Dr. C. now imagined that the resistance to the sound might have been caused by some varicose veins, and that these might also have been the seat of the hæmorrhage. He therfore allowed the sound to remain in the bladder, in order to exert a salutary pressure on the supposed dilated vessels. The presence of the sound occasioned acute pain, and by the succeeding day, a sharp inflammation of the urethra (urethritc) obliged him to remove the instrument. Then, for the first time, the patient made water spontaneously unmixed with blood. Leeches were employed to remove the urethral inflammation, and there was no more hæmaturia. Eight months have since passed away, without any return of the disease.—*Biblioth. Med. Dec.* 1826.

Without attaching much importance to the author's opinion respecting the precise nature of the obstruction at the neck of the bladder, the case is worthy of record, as affording a hint on a similar occasion. It is in this way, indeed, that solitary cases become beneficial in practice, even when originally published with the view of supporting some false or favourite position.

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8. CHOREA, FATAL.

A fatal case of chorea is so rare, that the dissection of a choreal patient is a treat to the pathologist. The following case occurred in the hospital practice of Dr. Hawkins, and is detailed in the March Number of the Medical and Physical Journal.

Case. Eliz. Smith, aged 17, was admitted into the Middlesex, on the 5th September, 1826, having suffered, seven weeks previously, from a severe attack of rheumatism, chiefly in the knees and shoulders. This had got better, and a fortnight before the date of her reception, she had been seized with involuntary convulsive motions in the legs, arms, and neck. These had continued ever since, with great violence. The catamenia had been suppressed for four months. She had now complained of head-ache, thirst, and pain in her back—pulse 96—tongue loaded—bowels constipated. Dr. Hamilton's plan of purgation was fully but unsuccessfully employed. The calomel, senna, turpentime, &c. never failed to dislodge copious and dark-coloured motions; "but they procured not the smallest alleviation of the convulsive spasms, which resembled those

with which hydrophobia exhausts its victim." The unfortunate patient could not hold her head quiet for a single minute, and the grinding of the teeth was so violent as at last to force out the incisor teeth from the lower jaw. The convulsions were uninterrupted, except by short intervals of broken sleep. The intellectual faculties did not seem to be impaired. On the second night after admission, she was ordered into a warm bath, which measure, unfortunately, aggravated the convulsions, "and produced such an accession of irritation, and even of inflammatory symptoms that it was deemed necessary to take from her sixteen ounces of blood." The blood was inflamed. The bleeding was repeated on the following day, but produced very little alleviation of the spasms. After the failure of the purgative plan, a short trial was given to musk, without any effect. Camphor and opium succeeded in procuring some sleep; but after the second administration of these remedies, she slept soundly—awoke, and soon afterwards expired, 13th of September.

Dissection. No morbid appearance could be discovered within the cranium. In the upper part of the lungs there were some tubercles of a large size, and several earthy concretions were deposited in various parts. There were some adhesions between the liver and surrounding parts—"intestines healthy in appearance"—omentum and mesentery studded with numerous cysts, some containing a black semi-fluid matter, others containing calcareous depositions. Several large concretions were also found in the substance of the pancreas. The uterus was rather large and vascular, and the lining membrane of its body and fundus highly injected. The fallopian tubes and ovaries contained a good deal of the black matter abovementioned.

Dr. Hawkins observes, that, granting irritation of the brain and nervous system to be the proximate cause of chorea—"sufficient cause for such irritation was met with in the preceding case"—viz. the earthy concretions. We cannot accord in this opinion. Surely these concretions were not the product of three weeks, the date at which the convulsions began—and if they previously existed, which they certainly did, why did they not produce irritation? It is evident, indeed, that the dissection threw no light on the cause of chorea, and therefore we must still regard it as capable of being produced by irritation which leaves no cognizable trace of its existence in the dead body. Dr. H. does not say whether the mucous membrane of the stomach and bowels was carefully examined. From the state of the secretions, and excretions, it is manifest that the digestive organs were in a very deranged state, and it would have been very desirable to have minutely investigated the whole internal surface of these organs; for *there*, we think, the source of irritation existed. From the numerous depôts of melanoid matters, in this case, we apprehend that this unfortunate girl would have ended her days under that terrible malady, *melanosis*, even had she escaped from the convulsions. Finally, we question whether this disease was fairly entitled to the name of CHOREA. Was it not more properly CONVULSIONS?

9. ERYSIPELAS—CONTAGIOUS.

In the March No. of the Medical and Physical Journal, Mr. James Arnott has published a paper, and related some cases of erysipelas, tending to show the connexion of this complaint with affection of the throat, and also affording presumptive proof of the occasionally contagious character of the disease. Mr. A. has also insisted on the propriety of limiting the term "erysipelas" to the phlogosis, as it affects the face only, and applying the designation of cutaneous inflammation to those phlogoses spread over other parts of the body. For the reasons which Mr. A. assigns for this limitation, we must refer to the original paper: the facts, or cases detailed, we shall here analyze. These cases occurred in one family—the mother being first seized with pharyngitis, terminating in mortification—then the husband was attacked with inflammation of the throat and erysipelas of the face—lastly the daughter, who had nursed the father, was affected with inflammation of the pharynx, and severe erysipelas.

Case 1. Mrs. M. aged 45, complained, on the 22d June, of pain and difficulty of swallowing, though no redness could be perceived internally, or swelling externally. No fever. *An emetic—calomel and James's powder—saline aperient.* 23d, Throat affection continues, but still no redness was visible—refers the pain to a spot behind the larynx—slight heat of skin, and frequency of pulse. *Leeches to the throat—saline antimonials.* 24th, Had a restless night, with distressing sense of dryness and constriction in the throat, whenever she dropped off to sleep. Pain of deglutition increased, and a troublesome expuition of phlegm—some tumefaction in the anterior part of the neck, with tension and tenderness—slight hoarseness—no cough—breathing free—pulse frequent, but resisting. Venesection to 18 ounces—leeches to the throat. The blood was cupped and buffed—tension of the neck abated—expresses herself much relieved—deglutition easier. This amelioration continued till the evening, when an exacerbation came on, with flushed face, frequent, but unresisting pulse. In consultation with Dr. Macleod, it was resolved to give an opiate. But symptoms of sinking soon came on, and early on the morning of the 25th, stimulants were exhibited. She rallied a little, but died next morning.

On *dissection*, the inflammation was found to be very limited, occupying that portion of the pharynx only which borders on the aperture of the larynx. The inflamed part did not exceed the size of a shilling, and exhibited a small spot of mortification, close to the rima glottidis, not larger than a silver penny. "The slough (for it was surrounded by a distinct line, as if Nature had begun the work of separation) occupied the right lip of the opening of the larynx, from the root of the epiglottis to the corresponding arytænoid cartilage, without, however, descending into the cavity of the larynx itself, which was free from disease."

Case 2. June 29th, Mr. M. the husband, who had been in constant

communication with the deceased, had been complaining for two days of soreness in the throat. He has now painful deglutition, with diffused redness over the posterior fauces, without much swelling. 30th. The inflammation of the velum, tonsils, and posterior pharynx has increased, with a blush of redness and tumefaction on the upper eye-lid. 1st July, Erysipelas had developed itself on the eye-lid, and was extending to the cheek. We need not go farther into the details. The case was severe, the erysipelas having occupied the face, extending to the scalp, and requiring nearly a fortnight to make its circuit, and more than three weeks, for recovery. The affection of the throat continued for a few days, and then disappeared. The treatment was, at first, strictly antiphlogistic; and, when the violence of the disease had abated, stimulants and tonics were resorted to, with opiates at night.

Case 3. Miss M. aged 20 years, lived in the country, till the time of her mother's death, when she came to town, and nursed her father, as before mentioned. When his skin was in a state of desquamation, she first complained of head-ache and sore throat. July 22d. Next day, the febrile symptoms were considerable, as were the pain and difficulty of swallowing. The velum, uvula, and tonsils were of a bright red colour, and the posterior surface of the pharynx was covered with a yellow glairy mucus, which could not be detached. 24th. Vesicles appeared on the nose, and erysipelatous redness occupied the left cheek, spreading thence to the rest of the face, and also to the hairy scalp, making the circuit of the head by the 2d of August. In both the latter cases, there was an irritable state of the bowels, with diarrhœa, for some time. The inflammatory action of the throat continued several days, and then disappeared. The antiphlogistic treatment, with the addition of one venesection, to 16 oz. was employed at the beginning, and ultimately tonics, but no wine.

For many interesting and sensible remarks on these cases, and on erysipelas generally, we must refer to the original communication. We have here only laid the facts before our readers. One inference however, we think they will all draw—that the husband and daughter took the disease from the first patient.

10. THE PROTEIAN MALADY.*

The following singular case is drawn up and published by the patient, himself a medical man—M. Sarrut. The observations made in this way, are of high interest, for patients who are unacquainted with the structure and functions of parts, often give very vague and erroneous statements of their feelings and symptoms.

For five years, M. Sarrut had been afflicted with such violent palpitation of the heart, that he expected nothing but sudden death. At length, however, he became familiarized with this fearful symptom, and began to make observations, and to reason on his own case,

* Journal Complementaire.

from experience rather than from the theories or speculations of authors. He dares not give his malady a name, but exhibits a faithful delineation of the phenomena, leaving the nomenclature to others.

M. S. was born of healthy parents, and enjoyed uninterrupted health himself, till the age of twenty, with the exception of some convulsive attacks in his early youth, when much excited mentally. At the age of 20, he was very tall and robust, but endued with a mind unusually ardent, and perhaps morbidly sensible. At the age of 21, this gentleman experienced some terrible moral affliction, the nature of which he does not state, nor is it necessary to be known. He exerted all his fortitude and philosophy to bear up against the evil—but all in vain! It bore him completely down, and he ceased to struggle with the *moral* affliction. But a *physical* affliction soon followed, which claimed its share of attention from the unhappy sufferer. One day, while reading a letter, he felt his limbs grow rigid—he was seized with a convulsion—the blood seemed to concentrate about the heart, which palpitated violently, and he was on the point of suffocation. Antispasmodics and stimulants, by restoring sensibility, only brought the victim to a sense of his own miseries, mental and corporeal. His appetite now entirely failed—he passed the nights without sleep, counting the pulsations of his heart—his mind was the seat of despair! The consolations of friends were of no avail, but rather aggravated the moral affliction—and therefore he indulged to the utmost, in mental despondency and anticipations of corporeal dissolution. Perhaps this was as good a course as any. Time softened down, and indeed annihilated the anguish of the *moral* evil—but the *physical effect* remained. The convulsive attack before alluded to, was followed by several others, without any antecedent moral cause or mental emotion. To check these attacks the patient had recourse to *narcotics*, in the autumn of 1822, twenty months after the invasion of the malady; for then antispasmodics had entirely failed to produce any effect. He also kept to a very restricted diet, avoided coffee, liquors, wines, strong animal food, and *fish*, which last article of diet always brought on the palpitation. Constipation was obstinate. The patient was forced to apply from 25 to 40 leeches once a month to the region of the heart. For a fortnight after each application, the *pulsations* were equally frequent as before, but the *palpitation* was not so violent. During the above year (1822) the heart seldom beat less than 120 to 140 in the minute. There was constant pain in the region of the heart, and, as nearly as M. S. can conjecture, in the left ventricle of that organ. His daily avocations (he observes) dissipate, in some degree, or at least render him less sensible of this pain; but it is particularly increased when he attempts to write. The pulsations of the heart sometimes cease all at once, and then the patient experiences an indescribable feeling of weight or anxiety in the præcordial region, with sense of suffocation, and vertigo. This state lasts two or three minutes, during which, the patient is scarcely sensible enough to prevent his falling to the ground.

After emerging from this state of stupor, M. Sarrut experiences an extreme appetence for warm fluids. At these periods, he often

drinks water so hot that he can scarcely hold the cup in his hand, or bear the touch of the water or cup on his lips. The hotter the water, the greater solace he finds from the beverage. He generally drinks three or four bowls of hot fluid on getting out of bed, the same on going to rest—and a large quantity after each attack of the kind described above. He lives in the country, is fond of horse-exercise, and it generally agrees with him.

The year 1823 passed away in the same melancholy condition. No appetite—no good sleep in bed—the greater portion of the nights is spent in sitting up, or lying on a carpet on the floor. The emaciation is considerable, but yet he has a good deal of muscular strength, when he exerts it. Towards the close of the year, M. S. made several journeys, and found himself sensibly relieved by these tours. In the course of the winter of 1824, the attacks above-mentioned ceased, and the patient had become so habituated to the palpitation that he did not pay much attention to it, though he still adhered to a restricted regimen. He found also that he was able to withstand, without much emotion, some moral afflictions that, two years previously, would probably have destroyed his life. Gradually, his fortitude of mind and health of body increased, till he might be said to be quite recovered, except that the least over-exertion of body, or any excitement of mind renewed the palpitation. After nearly a year of tolerable health, M. Sarrut experienced suddenly, and without any ostensible cause, on the 30th May, 1825, a prolonged dimness of sight, vertigo, and sense of bad taste in the mouth. His skin felt dry—he went to bed—and drank freely of warm tea. At the end of 24 hours, his skin was still arid, his tongue furred, his head painful, his taste depraved, the bowels affected with colicky pains, and he had a sense of deep-seated uneasiness directly under the sternum. All this time the heart was perfectly tranquil. He had made no water, nor had his bowels acted during these 24 hours. Lavements failed to open the bowels, and at the end of 30 hours, he made some high-coloured urine in small quantity. The abdomen was tense, and his skin dry. He drank large quantities of diluents. At the end of 44 hours the bowels were still confined, the skin arid; but the nervous system was quiet. He took two grains of emetic tartar, which caused efforts to vomit, but no discharge from the stomach. Violent colicky pains and head-ache now succeeded, and copious stools were procured. He fell into a sleep which lasted four hours, on awaking from which, the urine flowed, and the skin was moist, but the old palpitation had returned. No appetite—rigid regimen continued. At the end of the fourth day, he experienced severe pain in the region of the heart, accompanied by evident febrile action in the system, intense head-ache, extreme heat, sense of suffocation, palpitation, delirium. This state continued for the space of seventeen hours, with urgent thirst for hot fluids. During the next fortnight he had a dozen of these attacks, but without any regularity as to the hour of their accession. He had now a total disgust for food, with almost constant perspirations, and heat of skin. During the attacks, he was threatened with imminent suffocation, and the pain in the region of his heart was excruciating. It

appeared as if a bolt of red hot iron was driven through the heart! His voice became extinct, he emaciated rapidly, and his bodily powers were in a complete state of prostration. His bowels never acted without assistance—his urine was very scanty—his legs became œdematous—he was enfeebled to the last degree—but his mental faculties were unaffected. On the 15th day, all these symptoms had arrived at the greatest degree of intensity. Cold vinegar and water was applied to the head—sinapisms to the feet. A diarrhœa came on, and some feeling of appetite returned. On the 20th day he was able to take some soup and bouillie for the first time. He went on better till the 28th of June, but still suffered severely from the pain in the region of the heart. On this day during a storm, he was seized with violent head-ache, and dreadful palpitations, which could be plainly heard by the by-standers, for several hours. During the month of July he had many attacks of the kind described. He was now extremely emaciated, and his mental faculties suffered occasional aberrations of short duration. His memory failed, and the action of the heart was often as quick as 180 pulsations in the minute. The palpitation could be plainly heard at ten paces distance from the patient. On the 27th July, he had an unusually severe paroxysm, and the sense of suffocation was most urgent. The countenance assumed a yellowish coppery hue, the extremities were cold, and the patient could hardly turn himself in bed, so little muscular power did he possess. In the evening, the palpitation ceased, but the heart seemed ready to burst. The pulsations were now only 30 in the minute, and an icy coldness spread over the body, accompanied by cold sweats. At eleven o'clock, the head-ache was insupportable, the face livid, the breathing stertorous, and the ideas incongruous. Fifteen leeches were applied to the temples, and the cephalalgia was relieved; but there was great embarrassment of speech and respiration. Sinapisms were applied to the feet, and the afflicted patient sunk into a sleep, or rather a *cessation of sensibility*, for a quarter of an hour, from which he was roused by a most acute pain in the region of the heart, and a vivid lucidity of ideas. The blood now burst from the leech-bites on the temples, and flowed in great abundance. But the sensations of icy coldness, especially in the chest, were terrible, and the patient thought himself on the very point of death. At this time sinapisms were applied to the chest and abdomen, with cupping-glasses below the clavicles. He now once more sunk into a tranquil sleep, which lasted till five o'clock in the morning. When he awoke, he was deluged with blood, which had burst from the nose. It was calculated that he lost, in this way, more than 40 ounces. He also threw up blood by vomiting, and the debility was extreme. The nasal hæmorrhage and hæmatemesis went on alternately through the forenoon, and at mid-day he fell into a tranquil sleep, from which he awoke with no other disagreeable sensation than that resulting from the sinapisms. From this time, he went on so well, that, by the 11th of August, he was able to travel in his cabriolet. On the 24th, he undertook a journey of 200 leagues to the Pyrennees. After some

stay there, he returned to his family, near Toulouse, where his health was completely re-established, and continues so to this day. He has adhered, however, to the most rigid and systematic regimen, during and subsequent to his illness.

Several of the most eminent physicians of the French metropolis pronounced the disease to be aneurism of the heart. It is very evident that it was no such thing. But what was the disease? In our humble opinion, it was neither more nor less than that Proteus called DYSPEPSIA. The terrible forms which it assumes—the horrible diseases which it imitates—the insupportable feelings which it induces—are not known to one in five hundred of the profession, even in this advanced æra of medical science! We could relate cases still more strange than the foregoing—cases that crowd upon our notice, and hourly excite our astonishment at the prevalence and domineering influence of this portentous malady. But more of this hereafter.

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11. ON LUNAR CAUSTIC.

In preceding numbers of this Journal, we have noticed the observations and experiments of Mr. Higginbottom, of Nottingham, in respect to the external application of the nitrate of silver in various affections. In the April number of the Medical and Physical Journal, Mr. H. continues to favour his professional brethren with the results of his farther experience.

Mr. H. is very particular in directing the attention of practitioners to the proper mode of applying the caustic. He uses it in the solid form, first slightly moistening the surface to which it is to be applied, with pure water—except in the case of ulcers, from which lymph or pus exudes. If the caustic be passed *once* slightly over the moistened skin of any part (except the hand, where the cuticle is thick) an eschar simply is formed. If passed *twice or thrice*, some vesication will be added to the eschar:—if still *more frequently*, there will be vesication alone. In the first case, there will be no pain—in the second and last, there will be soreness proportionate to the degree of vesication. These observations should be kept steadily in view.

1. *Recent bruised Wounds of the Skin.* In these cases the caustic should be applied upon the wound, leaving no spot untouched—and also upon the surrounding skin to the extent of one-third of an inch, in such a manner as to induce an eschar, without vesication. Moisture is then to be removed from the wound by linen or lint, and the skin surrounding that to which the caustic is applied, is to be moistened, and covered with gold-beater's skin. The parts are to be kept cool—free from covering—and exposed to the air. By this procedure an adherent eschar is generally formed, and no farther application or attention is required, except in old people, whose skins are sometimes irritable. In these cases, some fluid will form upon the edges of the eschar requiring evacuation by a small puncture. If the eschar be accidentally removed, the caustic must be repeated as before.

2. *Small Ulcers.* Mr. H. thinks he has improved greatly upon the mode of application in these cases, since his first publication. The surrounding skin is first to be moistened, and the caustic applied lightly, (so as not to induce vesication,) to the extent of half an inch round the ulcer. It is then to be applied over the ulcerated surface, more freely than to a recent wound. The whole is to be covered by gold-beater's skin. The application of the caustic round the ulcer subdues the inflammation of this part, and induces a firmer and more adherent eschar. On the succeeding day, the gold-beater's skin is to be removed, by moistening it with water —"a small smooth slit is to be made by means of a penknife, through the eschar, in its central part, and then a little pressure is to be made, so as to evacuate any fluid which may have been effused." The breach in the eschar is to be repaired by re-applying the caustic, and the whole is to be protected as before.

On the first and second days there is usually little fluid secreted —during the succeeding five or six days, rather more is formed, and the same means are to be repeated, until the eschar becomes completely adherent, which will be ascertained by the indentations on the surface of the eschar, usually about the tenth day. During the unadherent state of the eschar, an efficient purgative should be given every second or third day, and rest enjoined. The portions of eschar, as they separate, are to be carefully removed by sharp scissors.

3. *Punctured Wounds and Bites.* In *recent* punctures, all loose portions of skin closing the orifice are to be first removed—the puncture and surrounding skin are then to be moistened with water—the caustic is to be applied to the *former*, until some pain be experienced, and over the *latter* lightly, so as not to induce vesication. The caustic is then to be applied to the skin for an inch round the puncture—and even to a greater extent, if the swelling exceeds the space. The part is to be exposed to the air. These cases are generally adherent from the first application of the caustic. Sometimes, however, this is not the case, and the caustic is to be reapplied.

At a later period of punctured wounds, inflammation is generally present—the punctured orifice is nearly closed—and some pus has usually formed. A slight pressure is to be applied to evacuate the humour, and the caustic is then to be introduced into the puncture and on the surrounding inflamed skin, and even beyond that space. The parts are then to be exposed and allowed to dry. In this manner an adherent eschar is formed, and the inflammation subsides. If an abscess have formed, it must be freely opened, and the caustic is to be applied within the cavity, after which a poultice of bread and water.

4. *External Inflammation.* In this case, the part is to be washed with soap and water, and wiped dry. The inflamed surrounding skin is then to be moistened, and a long stick of caustic to be applied flat upon the moistened surfaces, taking care that every part of the inflamed skin be touched, and also a circle of skin beyond

the boundary of the inflammation. The caustic should be passed twice or thrice only over the said surfaces, and then exposed to the air to dry and be kept cool.

In twenty-four hours, the inflammation will have greatly subsided, or be checked, and at this period there is usually some vesication, which, however, never increases the inflammation or irritation. On the third day there is generally more vesication—the part has a puffy feeling, and is quite free from inflammation.

In cases of erysipelas from wounds or ulcers, the wound or ulcer and the inflamed surface are to be treated by combining the above modes of using the caustic.

5. *In constitutional Erysipelas*, bleeding, purging, and emetics are to be premised, and then the caustic is to be applied in the following manner:—viz. over the whole inflamed surface, and beyond it to a far greater extent than in phlegmon—to two inches on the sound skin. Any fresh accession of erysipelas is to be healed in the same manner immediately. Mr. H. believes that, by means of the caustic we have a complete control over the disease. If the erysipelas be attended with vesication, the vesicles should be broken, and the parts touched with the caustic. When the disease affects the head, the scalp should be shaved, that there may be no impediment to the application of the caustic.

6. *Phagedenic Ulcers.* The caustic is to be lightly applied to the whole ulcer, but particularly to its edges and over the surrounding skin. If situated on the glans penis, a little lint is to be left upon it —if on any other part, the cold poultice and lotion are to be applied.

Having no experience in this mode of managing inflammations and ulcers, we should deem it impertinent to make any remarks. We have laid the directions of Mr. Higginbottom fairly before the profession, and the remedy will doubtless be soon put to the test of farther experience.

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12. CHRONIC DIARRHŒA.

There are many forms of this disease evidently dependent on ulceration or other organic lesion of the mucous membrane of the bowels, the consequence, or at least the sequence of dysentery. But there are some other cases of obstinate diarrhœa, where the disease goes on for years, and where dissection, after all, detects no organic change in the intestines. Dr. Baillie has described "a particular species of purging," which is but little known, and has generally proved fatal. The alvine discharges resemble a mixture of lime and water, with froth on the surface. It most commonly occurs in people who have resided in warm climates, and suffered from hepatic affections: but not exclusively in this class. When the disease is in a mild form, the evacuations are of the consistence of pudding, and of a pale colour. Under such circumstances, and especially if the motions be occasionally figured, the patients may live many years with the complaint. They have usually a sallow

countenance—are thin, but not greatly emaciated—have tolerable appetites—white coated tongues. Nothing particular can be detected when the abdomen is examined by the hand. There is no tumour—no pain on pressure—but the bowels are generally distended with air. Dr. Baillie never had an opportunity of examining any patients who died of this disease, and therefore could not speak as to its pathology. But Mr. Wardrop, in a note to his edition of Dr. Baillie's works, informs us that he (Mr. W.) had an opportunity of dissecting a patient who had been under Dr. B's care for this complaint, and that he found considerable thickening of the coats of the rectum and colon, great contraction of the calibre of the gut, with small, but deep ulcers interspersed over its surface. Dr. Seymour and Mr. Arnott, however, have each had an opportunity of examining the intestinal canal in this complaint; but in these instances there was no breach of structure or organic alteration of any kind in the large or small intestines.

We have been induced to notice this subject in consequence of a remedy which has been introduced of late by Dr. Elliotson, at St. Thomas's Hospital—namely, the sulphate of copper, combined with opium. This zealous physician has given the remedy in a considerable number of cases of chronic diarrhœa, where all, or almost all other remedies had failed, and with complete success, in every instance. The dose is generally half a grain twice a day, with half or a grain of opium, increasing the dose to two or three grains in the day, but seldom beyond that quantity. We understand that Dr. E. made experiments with the opium alone, which failed to cure the patients—and the reason why he combined it with the sulphate of copper, was to prevent the latter from causing pain in the stomach and bowels.

Dr. E. is inclined to view the remedy in respect to its modus operandi, as simply an astringent; but when we reflect on the power which this sulphate possesses of allaying irritability when applied to external sores, we shall be induced to attribute much of its success in these cases, to its action as lessening morbid irritability of the intestinal canal. But as Dr. Elliotson's observations will probably soon be published, we shall defer any farther remarks till that period.

13. ANEURISMAL TUMOUR, WITH UNUSUAL SYMPTOMS.*

Captain Fermin (naval) of active and decided character, had had venereal ulcers at the age of 20, which were cured without mercury. At 25 he contracted, for the second time, a gonorrhœa which, after a debauch, suddenly disappeared, and was succeeded by pain and tenderness in the epigastrium, with periodical cramps and pains in his stomach, kept up by irregular living and food of difficult digestion. Emetics and purgatives, which were administered, rather exasperated the complaint. After this, he had yellow fever in the West Indies—received several wounds in different naval actions—fracture of four ribs—experienced shipwreck thrice—

* Professor Lallemand, of Montpellier. Repertoire, No. 4.

and, to crown all, was three years a prisoner in the Pontons in England! Such were a few of the events of this officer's boisterous passage through life. At the age of 43, he experienced wandering pains in various joints, generally with a diminution of uneasiness in the stomach. The pains settled severely on one knee, and required leeches for its removal. At the end of a year he had another attack of the pain in the knee, with correponding relief to the stomach complaint. Fifty leeches, fomentations, and other measures failed, this time, to remove the pain of the knee. In the course of three months a succession of blisters round the joint exasperated the complaint. The patient, who was a most observant man, felt a pulsation within the joint, which his medical attendants paid no attention to, considering the disease to be rheumatism or gout. Another set of attendants suspected syphilis, and employed mercury, with evident disadvantage. The knee-joint increased rapidly in size, and the pain was augmented. The surgeons now acknowledged that there was a pulsation in the joint, but they were not agreed as to its nature or cause, nor the means to be used as remedies. The patient, after seven months of suffering and uncertainty, came to Montpellier, (March, 1826,) for the purpose of having the limb removed. But he consulted an eminent surgeon of Toulouse, on his way to Montpellier, who gave it as his opinion that there were indications of two aneurismal tumours; but that it was difficult to decide whether the pulsations depended on a real dilatation of the articular arteries,—on a fungus hæmatodes—or on some other disease of the knee-joint. Possessed of this opinion, the patient presented himself before M. Lallemand, with the following phenomena. His age was 45, but he had the appearance of being at least 60 years. His complexion was pale and yellowish, and his countenance indicated great sufferings. The right lower extremity seemed wasted, especially below the knee, which last was nearly twice its natural size, surrounded with varicose veins, and the skin tense and shining. The leg was bent on the thigh—all voluntary movements nearly obliterated; and when any motion was communicated to the joint, there was considerable pain—head of the fibula very prominent—excessive pain extending from the head of this bone, and following the course of the peroneal nerve. When the patient held in his breath, the veins of the knee became doubly dilated, and the skin blue. The same phenomena occurred when the limb was pendant; but when raised above the level of the body, the knee regained its natural colour, and the dilated veins disappeared. The upper extremity of the tibia was about double its proper size; and at the inner side of the ligamentum patellæ was an oblong flattened tumour, resembling the half of an egg, communicating a distinct sense of pulsation, synchronous with the action of the heart, and accompanied by a feeling of expansion at each stroke. On the external side of the patella, in front of the head of the fibula, there was another tumour prominent beneath the skin, but very much smaller than the first, presenting, however, the same pulsatory movements as its neighbour. The pulsation in both could be completely stopped by pressure on the crural artery.

M. Lallemand was at first inclined to think there was an aneurism of each inferior articular artery: but after observing that the ligamentum patellæ itself was bulged out—that, on making firm pressure with the finger on one of the small tumours, a deep indentation could be formed, at the bottom of which, M. Lallemand thought he could feel a circular aperture leading into the main swelling—that on compressing either of the small tumours, the other was rendered more prominent—our author came to the conclusion that there was an aneurismal tumour developed in the interior of the bone, (tibia,) which had become enlarged and extenuated—that the ligamentum patellæ, by offering a greater resistance than the parts on each side, had caused the appearance of the two neighbouring tumours—and that the saliency of the head of the fibula was the result of enlargement in the head of the tibia.

Ligature of the crural artery now presented itself as the best remedy, and the operation was joyfully acceded to by the patient.—Messrs. Dubreuil, Dugés, and Dunal were called into consultation, and concurred in the propriety of the measure. The artery was isolated and taken up in the middle of the thigh, but its parietes were observed to be unusually thickened. The patient had borne the operation so far, without a single complaint; but when the ligature was drawn, he uttered a piercing cry, and observed that he felt a burning pain in the direction of the artery. As M. Lallemand was certain that he had not included the nerve, he drew the other knot, without taking any notice of the circumstance. One end of the ligature was cut away, and the wound closed. The tumours were lessened in size, and all pulsation ceased. As the patient still complained much of the pain in the line of the vessel tied, M. Lallemand was anxious to prevent arteritis, and therefore abstracted a pint of blood from the arm, which instantly relieved the pain. The venesection, however, was repeated in the evening, with the best effect. The wound closed by the first intention, and the limb was less painful, and more capable of spontaneous movements. On the 8th day after the operation, the heat of the knee was above that of the other, the movements more free, the swellings diminished. On the 15th day, the motion of the joint might be said to be entirely returned. The tumours, however, receded very gradually, as did that of the head of the tibia. In two months the patient got out of his bed. On hanging down the limb, the knee still got red and swelled, and pressure on the head of the fibula caused pain in the direction of the peroneal nerve. Ice applications dispersed these last symptoms. In three months, the patient could walk without crutches, and he went to Bagneres, where the baths accelerated his recovery.*

* In a letter at the end of the Journal, Professor Lallemand informs the Editors, that the patient is perfectly recovered—can walk without crutches, and is freed from the stomach complaint under which he had so long laboured, by the regimen enjoined by the Professor.

14. M. BRESCHET ON SANGUINEOUS TUMOURS OF EQUIVOCAL CHARACTER.*

The foregoing case of Professor Lallemand has induced M. Breschet to investigate the subject farther; and the results of his researches and observations are given in a paper of considerable length, in the same journal. We shall endeavour to condense the communication into as small bounds as are consistent with perspicuity, for the benefit of our readers.

M. Breschet divides the inquiry into four heads;—1mo, Has this affection (M. Lallemand's case) been described by surgical writers?

2ndo. Is the disease an aneurism?

3tio. Can it be confounded with other affections?

4to. Is ligature of the principal vessel the best method of treatment; and should it be practised in all cases?

Fabricius Hildanus records a case which bears on the present subject. A young woman had a tumour at the upper part of the leg, which was swelled to the size of a person's thigh. The limb was covered with ulcers and the head of the tibia as if by a developement of its cellular structure. The young woman died, after a tedious illness. Ruysch has also reported some cases of the kind, but not with sufficient details. M. Breschet then proceeds to English authorities, and extracts several cases from Pott, Pearson, and others, which resemble much the case by M. Lallemand, though they were not considered at that time to be of an aneurismal nature. We shall therefore pass these over, and come to recent cases taken from the practice of M. Dupuytren, in the Hotel Dieu.

Case 2. Clement Renard, aged 39 years, reported that seven years previous to his entrance into hospital, a tumour appeared at the upper and inner part of the right tibia, just below the knee-joint, which he said communicated pulsation to the hand. On the 9th February, 1819, when received, the tumour was not large; the skin was red and thin; there was a distinct pulsation perceptible in it, synchronous with the action of the heart, which pulsation ceased when the crural artery was compressed. M. Dupuytren was of opinion that the tumour was caused by dilated arterial capillaries, and that there were probably organic changes taking place in the soft parts and also in the bone. Cold washes were applied, and pressure was made on the line of the artery in the thigh, but without any benefit. The surgeon then determined to tie the artery, which was done on the 16th March, 1820. The ligature caused no pain when drawn, and the pulsation of the tumour ceased. Next day the tumour was diminished, and communicated no pulsation—the limb preserved its sensibility and flexibility. All went on well till the 14th day, when there was some hæmorrhage from the wound. On the 16th day (the ligature having come away) some pulsation was felt in the tumour, and that night another hæmorrhage took place. After this there was pressure maintained on the line of the

* Repertoire, No. 4.

artery for some time, and the patient was discharged on the 30th of April, cured. There was still a little swelling in the site of the original pulsating tumour, but no pulsation remained. A long time after this, the tumour regained its original size, and he returned into hospital on the 1st August, 1826. The tumour now extended from the knee one third down the leg, on the inside—the cutaneous veins were dilated—the integuments thin—no pulsation perceptible. The swelling measured 32 inches in circumference. M. Dupuytren amputated on the 5th of the same month. The man recovered and was discharged cured. The tumour, which is described by M. Breschet with great minuteness, was formed principally by an enormous enlargement of the head of the tibia. This osseous tumour was divided into several cells, some of which contained a gelatinous substance, and others coagulated blood, such as is seen in old aneurisms. The articular arteries were greatly dilated, as also the veins; but there was no aneurismal sac, unless the bony parietes of the tumour could be considered as such.

Case 3. J. Thevenim, aged 22 years, had strained the knee-joint twice. After the last accident, the joint swelled considerably, and was treated by leeches and the usual means. He entered the Hotel Dieu in March 1826, with a tumour situated on the external part of the right knee-joint, the size of one's fist, communicating a distinct pulsation to the hand, which pulsation ceased on pressure being made on the crural artery. M. Dupuytren pronounced the disease to be a sanguineous tumour of the upper extremity of the tibia, with degeneration of structure. He thought ligature of the artery would be useless, and preferred amputation, which the patient refused to submit to, and left the hospital. He returned again on the 3d May, in a still worse state, and M. Dupuytren amputated the thigh on the 5th of the same month. It was necessary to apply fifteen ligatures. Hæmorrhage took place two days afterwards—bad symptoms supervened—and he died on the 9th, four days after the operation.

On dissection the stump was found in a diseased, or at least unhealthy state, but no visceral lesion could be detected.

The tumour, on examination, was observed to be smaller than before the operation. When injection was thrown into the popliteal artery, it issued by a multitude of points from the internal surface of the tumour, which had been perpendicularly split. The tumour was like a honey-comb, and the various cells were filled with blood in concentric layers, the exterior layers being much paler than the interior. The outer shell was bone and various degenerated structures, of a fibrous, fibro-cartilaginous, ligamentous, and carcinomatous appearance.

Case 4. G. Lamizel, aged 33 years, was received in the Hotel Dieu on the 5th July, 1825. Six months previously to this woman's entrance into hospital, she sprained her ankle violently, after which accident, her foot swelled, became red and painful. Leeches had been applied, and the usual means resorted to; but rest had not been

preserved in the member. A few days after the accident, a small tumour appeared, acording to the patient's account, of a pulsating character, which gradually increased in size for five months, and then continued stationary till she entered the Hotel Dieu. She had consulted many surgeons, most of whom considered the disease as aneurismal. When examined at the hospital, there was a tumour on the instep, about an inch in elevation, and of moderate extent, without heat, redness, or any alteration in the colour of the skin. Deep-seated, but distinct pulsation was perceptible in the tumour, which ceased when the anterior tibial artery was compressed. The patient complained of severe pain in the part, depriving her of sleep; but her general health seemed good. M. Dupuytren could not make up his mind as to the precise nature of the tumour. He brought her into the operation room, and having all things prepared for amputation, determined to puncture the tumour by way of exploration. M. Breschet expressed an opinion that the tumour was vascular, and that its principal seat was in the osseous structure. A bistoury was plunged into the centre of the swelling, and only a few drops of black blood issued, and not per saltum. The incision was enlarged, and a soft, reticulated bleeding, and fleshy tissue presented itself, not unlike the corpus cavernosum penis, or rather the substance of the placenta. M. Dupuytren then determined on partial amputation of the foot, which was performed according to the method of Chopart. She was discharged cured in six weeks from the time of the operation. On examination it was found that the disease had invaded the first, second, and third metatarsal bones, which were reduced into a sort of bouillie, in the centre of which was an actual cavern or cavity, filled with grumous blood. The other minute alterations of structure we need not notice. Great numbers of small vessels entered into the diseased mass.

Passing over M. Breschet's observations on the symptoms, mode of developement, and structure of these tumours, we need only say that this distinguished anatomist comes to the conclusion that they are of an *aneurismal character*—"du caractere anevrismal." He thinks they have been confounded by surgical writers with various other affections, as osteo-sarcoma, fungus hæmatodes; inflammation of the veins of bones, and of the bones themselves.

THE LIGATURE.

If it be true that this seat of this disease is in the arteries of the osseous tissue, and that these vessels present a veritable dilatation, or "arteriectasia," it is natural to conclude that ligature of the principal trunk of these vessels would be a likely means of remedying the disease. M. Breschet is of this opinion, and appeals to facts in its favour.

The sooner, however, the ligature is applied, the greater chance of success; for it is evident that the more the disorganization of the osseous tissue has advanced, the greater will be the difficulty of cure, even when the aneurismal character of the complaint is removed by the ligature. M. Breschet remarks that, although the

ligature has not always cured the disease, yet in no case has the pulsation and other phenomena of aneurism re-appeared. When, however, the operation has been so long delayed, that considerable disorganization has taken place in the various structures of the part where the tumour is situated, amputation offers the only chance of success.

15. MAMMARY DISEASES.

A neat and methodical view of the diseases affecting the human mamma is given by Dr. Cummin, of Glasgow, in the Ed. Journal for April, of which we shall present a condensed analysis in this place.

The following is the list of maladies to which this organ is liable: —Mastodynia, or mammary neuralgia—mastitis, or inflammation—hypertrophy—atrophy—struma—serous cysts and hydatids—fibrous tumour or pancreatic sarcoma—adipose tumour—encephaloid tumour, or fungus hæmatodes—carcinoma, including scirrhus and open cancer.

1. *Mastodynia.* Morbid sensibility of the mamma, so as sometimes to be painful on exposure to cold, or the touch of bed-clothes; this distressing sensation extending over the whole breast, or both breasts, and even to the shoulder and arm. In the simplest form there is no perceptible change in the part—on other occasions, one of the lobes of the mamma becomes slightly swollen, and then constitutes the "*irritable tumour of the mamma*," of Sir Astley Cooper. Justamond has treated largely on this complaint.

2. *Mammary Inflammation.* This is too common to need description. The phlogosis generally ends in abscess. Chronic inflammation of the mamma is of less frequent occurrence; but it is a disease of great importance, on account of its similitude to scirrhus. "This disease is distinguished by a hard, painful tumour, deeply seated in the mamma, accompanied with a feeling of heat, throbbing, and sometimes with darting pains through the centre of the tumour." If leeches, discutient applications, and a proper regimen are not employed, suppuration ensues, and the skin over the tumour becomes red, tense, and painful.

3. *Hypertrophy.* This is a morbid enlargement of the mammary substance, sometimes to a monstrous size. In the early stages, there are sometimes symptoms of local inflammation and constitutional disturbance. The organ sometimes acquires such a degree of magnitude as to require extirpation.

4. *Atrophy.* This absorption of the mamma usually takes place in advanced life, commencing after the cessation of the catamenia. It has also followed the use of iodine.

5. *Mammary Struma.* This, in its earlier stages, is not always easily distinguishable from diseases of a much more formidable character. Sometimes a hard lump forms in the mamma, and remains nearly

quiescent for years: at other times, the whole gland is affected with scrofulous enlargement. In all cases there is a strong tendency to suppuration, and the matter is mingled with curdy flakes, forming the principal diagnostic to scrofula. In strumous disease there is always an enlargement of the mamma, instead of that contraction which occurs in one form of carcinoma. The tumour is tender when grasped—never possesses the stony hardness of cancer—and there is never retraction of the nipple.

6. *Serous Cysts and Globular Hydatids.* These have been found in the adipose substance of the mamma. They are not dangerous of themselves; but Dr. C. thinks there is reason to believe that they occasionally give rise to other morbid changes of a serious nature, by the pressure of the cysts on the surrounding structures, by which these structures are condensed and indurated into tumours of suspicious character, authorising extirpation.

7. *Pancreatic Sarcoma of the Mamma.* Mr. Abernethy states that this tumour bears a strong resemblance to the pancreas; but this, of course, gives us no exact idea of the intimate structure of the morbid growth, since it is very improbable that there should be any thing more than an external resemblance between a natural organ and a diseased product. M. Bayle describes this tumour under the title of "*corps fibreux*," and informs us that it presents itself in three different states:—1st, fleshy—2d, fibro-cartilaginous —3tio, osseous. Cases of this kind are related by Mr. Abernethy and Sir Astley Cooper, the latter denominating it the "*simple chronic tumour.*"

8. *Adipose Tumour of the Mamma.* The nature of this species of tumour is easily ascertained by the peculiar lubricity of the swelling and its equable softness.

9. *Fungus Hæmatodes.* Hey and Cooper have proved, beyond a doubt, that this terrible disease does not spare the human mamma; but it is not so certain that the true encephaloid or cerebriform tumour has been found in the organ in question.

10. *Carcinoma Mammæ.* This disease, too familiar to practitioners, and too destructive of female life, is divided by Dr. C. into two species—c. tuberculosum and c. œdematodes. The characters of the first are well known:—Stony hardness, irregularity of surface, insensibility to pressure, and lancinating pains, in the early stages:—When ulceration has taken place, the ulcer has an excavated surface, hard, everted edges, sometimes firm cauliflower excrescences. The second species is more alarming in appearance, and more rapid in its progress. It seems to be irremediable by physic or surgery, unless taken in a very early stage indeed. Justamond, Boyer, and others, have described it. Our author has related two cases in illustration of this terrible malady. We shall present a rapid sketch of one of these.

Case. J. Mitchel, aged 31. Her left breast swollen and very hard, but it pitted on long-continued pressure. The left side of the trunk and left upper extremity œdematous—dry cough, dyspnœa, darting pains in the back part of the mamma and under the scapula, impaired appetite, thirst, scanty urine. The swelling of the mamma had come on after exposure to wet and cold, while perspiring, three months previously. Leeches and various remedies were employed; but the disease increased, and she died in twelve days after admission into the hospital. On dissection, the skin was found to be thickened, hard, and filled with a pale fluid, which did not flow out rapidly. The mammary gland was very compact and hard, approaching to that of cartilage. A good deal of serous fluid could be pressed from its substance. The pectoralis major was pale, and of ligamento-fibrous texture. The glands in the axilla were nearly as hard as cartilage. There were 40 ounces of serum in the right side of the chest. The lungs were sound.

A remedy for cancer is yet to be discovered; and even the extirpation, in an early stage, is doubted by some as a certain cure. Baron Boyer says he only saw four or five cases of permanent recovery in one hundred cases or more, where he operated! In all the others the disease re-appeared after a longer or shorter interval, and the patients died. Dr. C. thinks it probable that, in many of these cases, the patients enjoyed an interval of immunity, which proved an adequate reward for the pain and danger of the operation. But even the saving of four or five per cent. of human life, by an early operation, is a justification of the attempt. We hope and believe that the experience of the surgical profession, in this country, would raise the proportion of permanent cures above that which is here stated.

We think the foregoing succinct and luminous classification of mammary diseases will prove useful to the practitioner, and peculiarly so to the surgical teacher.

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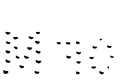
16. LARGE DOSES OF ARSENIC IN CHOREA.

The following case, recorded by Dr. James Fountain, of York Town, New York, is very extraordinary, on account of the immense quantity of arsenic exhibited.

The patient was a young lady, of 14 years of age, of very sanguineous temperament, yet of delicate constitution, who had previously enjoyed good health, and had menstruated regularly for some time. The catamenia became suppressed in July, 1826, and Dr. Mead, the family physician, treated the defect by a system of mild tonics, till the 13th September following, when Dr. Fountain was called in. On the 13th, she began to show symptoms of chorea, and Dr. F. advised an emetic, to be followed by bark and steel, "*ad libitum.*" She was also ordered aloes, myrrh, and assafœtida. *Sept.* 21. She was worse in all respects—pulse 95—tongue clean—strength declining—"spasms frightfully increased"—articulation interrupted—deglutition difficult—mind alienated—violent screaming—hair dishevelled—"in short, exhibiting the most melancholy and heart-rending picture that can be imagined."



Dr. Fountain now determined on a more vigorous course than that hitherto pursued; and accordingly, on the evening of the 21st September, the young lady was ordered to take ten drops of arsenical solution every two hours; and by the 25th she had taken 300 drops! By this time, "the vascular action had become intense," and the pulse was quickened to 120 in the minute. The spasms, however, had considerably abated, and the patient had enjoyed some sleep. Arsenical pills were now directed to be taken, "for a change." On the 26th the spasms, ceased entirely. 27th was comfortable, but gloomy and suspicious. The arsenical pills were decreased in number. The medicine, however, appears to have been continued till the 2nd October, when it was left off, "the nervous irritation having been supplanted by vascular action." Some laxative medicine was exhibited, and by the 10th October, the lady was perfectly well. No swelling of the face was produced, "and neither dropsy, consumption, nor rheumatism have yet appeared."

To practitioners in this, and in most other countries, these doses of arsenic must appear prodigious. The medicine is certainly one of the most powerful tonics in nature, and may be given much more freely than is generally done, without danger. But we should be extremely loth to try such quantities as Dr. Fountain ventured on in the above case. We have found pain in the stomach, puffiness under the eyes, and tensive pulsating pain in the head, produced by much smaller doses than those which were given in the foregoing case.—*New-York Med. and Phys. Journal.*

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17. DESTRUCTION OF ARTICULATING CARTILAGES.

Under the title of "USURE DES CARTILAGES ARTICULAIRES," M. Cruveilheir has described a severe complaint of the joints, which is often confounded with gout, rheumatism, white swelling, &c. and treated by means which are useless, if not injurious. This destruction, erosion, or wearing away of the cartilages, is one of the worst effects of inflammation of the synovial membrane of the joints. This effect continues after its cause has ceased to operate; and then the patient experiences a peculiar rigidity of the articulation, with a feeling, and even a hearing of cracking in the joint, on taking exercise, together with pain of greater or less severity. This crepitus, this rigidity, these pains are particularly felt when the patient first gets up in the morning, and begins to move the joint. Our author has known cases of this kind treated, for a long period, with leeches, blisters, setons, &c. all of which failed—and even amputation had been proposed in some cases.

M. Cruveilheir attended a lady who, after a severe labour, was seized with articular rheumatism, which travelled successively over all the joints. The pains at length diminished, but did not entirely subside. The patient, without experiencing any new attack of rheumatism, perceived her knee-joints to be gradually getting stiff and painful; and she could feel and hear a crepitus whenever she attempted to walk, or even to turn herself in bed. Soon after this, the hip-joints, the shoulders, the elbows, wrists, and even the meta-

carpal joints were affected in the same way. Various means were used, without effect, and a surgeon had placed extensive moxas on each side of one of her knees, which penetrated to the fibrous tissues, and produced a copious suppuration that continued some considerable time. The patient thought herself relieved, and consented to a similar application to the other knee. But after three months' sufferings in this way, the joints were found by our author as stiff as ever, and also as painful as before. The constitution had now suffered much from the local irritation. Daily motion was now tried; but this augmented the disease in all respects. He found himself on the wrong track, and quickly abandoned this plan. For a long time he hoped that anchylosis would put a period to this lady's sufferings; but in this expectation he was disappointed. One day, on accurate examination, he found that the joints on being moved conveyed to the ear and hand of the surgeon the crepitus above described. M. Cruveilheir then immediately recognized the nature of the malady as obliteration of the cartilages. For this state, there is no known remedy; but as M. C. conceives that it is the result of inflammation of the synovial membrane, the means of arresting the progress of the disease consist, of course, in rest, and in checking the phlogosis of the said membrane. Two very illustrative dissections are given of this obliteration of the cartilages. In one the disease only affected the knee-joint—in the other, the hip-joint, the elbow, and the articulation of the lower jaw were the seat of the lesion.—*Bibliotheque Med. Janvier*, 1827.

18. POISONOUS MATTER IN OFFAL.

[Mr. Brodie.]

In the April Number of the *Med. and Phys. Journ.* Mr. Brodie has stated three cases where a remarkable train of local phenomena followed the handling of offal. We shall give a summary view of these cases.

Case 1. A healthy young man cut his fore-finger, while engaged in feeding dogs with sheep's offal. The wound healed in two or three days: but then the end of the finger was found to be inflamed and swollen, as far as the second joint—extending slowly over the first phalanx—up the outside of the hand as high as the wrist, then downward over the middle finger—again upwards on the palm of the hand to the wrist—and lastly downwards over the whole of the ring-finger, and the first phalanx of the little finger. The inflammation was marked by deep redness of the skin, with slight tumefaction and tenderness. His general health was unaffected. The complaint ran a course of six weeks, and then disappeared without any medical assistance.

Case 2. A cook at a hotel, scratched his finger with the extremity of a rib, while eviscerating a hare. In two or three days inflammation occurred, and extended up the finger to the back of the hand, and thence downwards over the adjoining finger, and so on, leaving one part as it invaded another. It was three weeks after the accident when Mr. Brodie saw the patient. The inflamed parts

were of a crimson redness, and rather painful and tender on being handled. The health was unaffected. Leeches had been several times applied, but without benefit. Mr. B. prescribed some local applications, which appeared to do little good. The oxymuriate of mercury, in doses of an eighth of a grain, was then given twice a day. In three weeks the redness and swelling had much abated; but there was considerable pain in the hand, extending along the fore-finger. One drachm of the powder of sarsaparilla was ordered thrice a day, in addition to the oxymuriate. In a week of this treatment, the inflammation had nearly disappeared, a numbness and pain remaining, which extended up to the shoulder. This continued for two weeks longer, and then subsided.

Case 3. A woman pricked the middle-finger with a splinter of bone, while cleaning the inside of a hare previously eviscerated. On the following day there was slight inflammation, which increased during the succeeding week, attended with pain and sleeplessness. One week after the accident, Mr. Brodie saw the patient, the whole of the middle-finger being then inflamed and swollen, the skin tense and shining. The patient complained of tingling and throbbing pain, which prevented sleep; but there was little or no disturbance of the general system. One-eighth of a grain of oxymuriate of mercury was prescribed, bis die, and the application of a poultice. In eight or ten days the inflammation was checked, and soon afterwards disappeared.

We think that these cases go to show that there is absorption of a morbid poison or septic principle, analogous to what we see in dissection wounds, though on a minor scale of virulence.

19. BROUSSAIS ON ASTHMA.

M. Bonnez, assistant surgeon of the 10th regiment of Chasseurs, in garrison at Libourne, aged 36 years, had the imprudence to bathe in a river after a hearty dinner, on the 18th of July. In the middle of the night he was seized with general malaise, succeeded next day by fever, head-ache, coryza, and cough. During the night of the 19th he had no rest. On the 20th the phenomena changed into a complete attack of convulsive asthma, (the second paroxysm which he had experienced, the first being three years before,) and he then sent for his medical colleague. Ten ounces of blood were taken from the arm, and pediluvia applied to the feet. By these means the symptoms were relieved, and the night of the 20th was spent less miserably. 21st, The paroxysm returned, and continued till near the evening. The anhelation this day was very distressing, and an antispasmodic julep was ordered, which augmented the dyspnœa, and brought on another paroxysm of asthma. The night was spent in a state of agitation. 23rd, Ipecacuan had been taken in small doses, and also castor; but the paroxysm returned this day, with as much violence as before. 24th, The asthmatic paroxysm came on at the usual hour, six in the evening. On the 25th, Dr. Bagard, was called in, and found the patient with the following phenomena:—dejected countenance—eyes sunk—breathing short—

pulse small and quick—tongue coated—great tenderness at the epigastrium—oppression under the sternum—abdomen rather tense—urine scanty and high-coloured. Sixteen leeches were applied to the sternum and epigastrium, the bites to be encouraged by cataplasms—very low diet—diluents—lavements. The succeeding paroxysm (26th) was very much milder, being only a simple dyspnœa. 27. When Dr. B. visited his patient, the latter observed that he was quite well, and had a strong desire for food. But it was evident that the patient was not well. At the usual hour, the dyspnœa returned, accompanied by some cough. 28th, Felt very well all day, till six o'clock, when the dyspnœa returned as usual. Dr. B. now being struck with the periodicity of the complaint, and seeing nothing wrong with the digestive organs, prescribed the sulphate of quinine, in doses of three grains every three hours. The next paroxysm was prevented. The remedy was continued for three days, and the patient was free from complaint. On the 6th August, however, when M. Bonnez thought himself in complete security, he was suddenly seized with pain in one side of the chest, with fever, cough, head-ache, &c. Cupping-glasses were applied to the side, and afterwards a large blister. But these means were of no avail. The symptoms became exasperated, and the sputa sanguinolent. When Dr. B. was again called to the patient, he found him with violent head-ache, acute pain in the right side of the thorax, intense fever, full pulse, burning skin, and countenance indicative of despair. It was now evident to Dr. B. that the inflammation had spread from the mucous membrane to the pulmonary parenchyma, and even to the pleura. Dr. B. advised the application of 25 leeches to the chest; but the regimental surgeon protested against any more leeches, and our author took his leave. Two other physicians were called in, and ventured on the abstraction of six ounces of blood from the arm. This made no impression on the complaint, and Dr. Bagard was recalled. He applied 25 leeches to the chest, which, with a blister, completely removed the disease.

M. Broussais' Remarks.—Most cases of Asthma depend on some obstacle to the course of the blood; and this obstacle is most commonly a disease of the heart. This, however, is not always the case. A determination (however induced) of blood to the mucous membrane of the lungs, in a sanguineous subject, will often give rise to a paroxysm of asthma, as was the case in the above instance. M. Broussais has known inflammation and irritation in the mucous membrane of the stomach and bowels induce a fit of what is called spasmodic asthma. The professor ridicules the distinction drawn between dry and humid asthma. Every asthma is dry at the commencement of the paroxysm, and the mucous membrane ultimately throws out a secretion which relieves the vessels of the lungs. In all cases, however, of asthma, M. Broussais avers that there is a congestion of blood in the vessels of the membrane lining the bronchia and air cells, and that this should be looked upon as the proximate or immediate cause of the phenomena, and treated accordingly.—*Journ. de la Med. Physiol.*

20. ABDOMINAL TUMOURS.

At a late sitting of the Royal Academy of Medicine, in Paris, M. Lisfranc related the particulars of a very curious case, which we shall briefly notice in this place. A female had a fluctuating tumour in the abdomen, which caused such an enlargement of that region, that she was thought by her neighbours to be pregnant. She was examined by several surgeons of eminence, who recognized the tumour, but none of them would attempt to draw off the contents. One day, while she was straining to make water, a considerable quantity of yellowish mucous fluid was discharged, and the size of the abdomen suddenly diminished. She now fell into a state of syncope, and M. Lisfranc was called to her assistance. He saw the cause, and placing her in bed with the hips elevated, the discharge ceased, and the faintness went off. From time to time the woman was raised to the perpendicular posture, and then the discharge by the urethra returned. In the course of a month the abdomen was reduced to its natural size, and at present, there is only a small, hard, and globular tumour, the size of one's fist, situated in the left iliac region. It has remained in this state for more than two years. There is, however, a slight discharge of whitish fluid from the bladder, which is supposed to come from this cyst. The woman is in good health.

M. Emery related also the case of Madame N. who, five years ago, was delivered of a child. Soon after the pregnancy had commenced, her abdomen became greatly distended, so that at the end of three months, she was as large as a woman at the full period of utero-gestation. She went on, however, to the full term, and was safely delivered. Three months after her accouchment, M. Emery was obliged to perform paracentesis abdominis, when twenty-four pints of a fluid, resembling molasses, were drawn off. In the course of the three succeeding years, the operation was seven times repeated. The sixth time the paracentesis was performed, the fluid was of a puriform appearance, with albuminous flocculi. The patient was now put on a course of diuretics, and the nitrate of potash was carried to the dose of half an ounce *per diem*. After the seventh operation, the patient passed *per vias urinarias*, a large quantity of pellucid water, amounting to 12 pints in 48 hours. This phenomenon recurred every two months for more than a year. She is now three months pregnant, during which paracentesis has been once performed, and will soon again be necessary.

M. Lisfranc was of opinion that surgeons were much too timid in opening or injecting encysted tumours of the abdomen. He cited two cases from Le Dran, where the operation was performed with success. M. Margolin was, however, of a different way of thinking. He believed that surgeons could not be too cautious how they meddled with these kinds of tumours. He mentioned the case of a lady whom he and Mr. Bayle had attended. She had already undergone the operation of paracentesis thrice, and was extremely anxious to be cured by some means or other. He and Mr. Bayle therefore injected into the cyst, two litres of barley-water with honey. Two hours after the injection a most tremendous perito-

nitis supervened, which resisted all remedies and quickly destroyed the patient.—*Revue Med. Fevrier.*

We shall probably be able to state, in some part of this number, a case of a very extraordinary kind, which lately occurred in the person of a lady residing in Essex, and whom we saw several times during the last 18 months. The case bears intimately on the present subject.

21. POISONING BY ARSENIC AND LAUDANUM.

Mr. Scott, of Newington Causeway, has stated a case in the last Number of the Medical and Physical Journal, the object of which will be apparent in the sequel.

A young woman, aged 16 years, swallowed, by her own account, "fifteen penny-worth of laudanum, and half a tea-cupful of arsenic," of which she died in six hours. Mr. Scott did not arrive till near the fatal period, and found her writhing under great torture. She had vomited severely for two hours, and dark offensive motions had been frequently discharged from the bowels. Mr. S. proceeded to work the stomach pump, and two quarts of warm water were twice thrown in and withdrawn by means of that instrument. Very little indeed of the arsenic was dislodged, and as the patient was now in articulo mortis, the process was discontinued. In ten minutes more she expired. The stomach, on being opened, was found to contain about 20 ounces of fluid, which had been injected by the pump. On removing this fluid, the surface of this organ presented a universal vermilion blush, with brownish red patches scattered here and there, chiefly in the pyloric portion. These patches were somewhat pulpy—loose in texture—gelatinous in appearance—and more glossy than the surrounding parts—in fine, "they were portions of the mucous membrane in a state of disorganization," and might be easily detached by pinching with the finger and thumb, leaving the muscular coat denuded. "*Near the extremity of the stomach, lay two masses of powdered arsenic, enveloped in a sort of reddish jelly,* which doubtless consisted of the mucous membrane disorganized by the contact of the poison." These were scraped off with a spoon—the quantity might be about half an ounce.

Here Mr. S. properly invites the attention of the profession to the fact, that vomiting, assisted by copious dilution, *during two hours*, had not detached the arsenical powder from the surface of the stomach: and so entangled was the poison with the softened mucous membrane, that he believes no action of the organ itself could have separated it. The injection of a strong current, by means of the syringe, had even failed to detach the mineral. From this Mr. S. concludes, and we think with justice, that the efficacy of emetics, in dilodging arsenic from the stomach, is confined to a limited time after the poison has been swallowed, though that limit is not yet ascertained, being probably influenced by the quantity swallowed, by the quality and volume of ingesta, and other accidental circumstances. In the absence of all positive information, on this point, Mr. Scott queries, would it not be the safest practice to resort,

at once, to the stomach-pump in these cases? Mr. S. here alludes to the superiority of the stomach-pump over any apparatus acting on the principle of the syphon, in consequence of the great propelling power of the former, by which arsenic might be dislodged from localities in the stomach. He might have added, that the activity of the suction power (speaking vulgarly) also gives the pump an advantage over the syphon.

22. INTERMITTENT RHEUMATIC FEVER.

The patient was Dr. Costa, Physician to the Great Lazaret of the Eastern Pyrennees. In the afternoon of February 1st, 1826, Dr. C. was seized with a violent cold chill along the spine, pains in the limbs and loins, cramps, &c. In a couple of hours, the cold chills ceased, but the pain in the back increased, and extended to the shoulders and neck, so that he could scarcely use the least flexion or rotation of the head. In the evening the pain became excessive in the back part of the head, and the night was spent in great agitation. At six in the morning, of Feb. 2d, the pain diminished, and some sleep was obtained, followed by perspiration, and a complete solution of the paroxysm. The Doctor now considered himself as cured by the critical sweat, and he resumed his usual avocations. At three o'clock, however, the enemy returned, in the form of a cold chill, then heat, fever, and all the usual symptoms of re-action, accompanied by intense pain from the loins to the occipito-frontalis muscle. At each pulsation of the heart the pain was so excessive in the integuments of the head as almost to drive the patient mad; yet there was neither redness, nor tumefaction of the parts, there being only an increase of heat. Strong pressure diminished the pain. His eyes were red and prominent—his countenance flushed—his whole body burning. His stomach was undisturbed—there was no tenderness on strong pressure at the epigastrium—no thirst—tongue pale and moist, but slightly furred—in short, there was no function disturbed but that of sensation—his whole sufferings were in the integuments of the head. The paroxysm continued till three o'clock next morning, when he fell into a sleep, exhausted by the pain. He awoke free from all complaint except weariness, and stiffness of the muscles. Instead of profiting by the intermission which now took place, the Doctor did nothing except taking some lemonade and a glyster. At 4 o'clock on the 3d of February, the paroxysm returned, with more violence, if possible, than ever, and ran the same course as before. He was now grown wiser by experience, and as soon as the intermission took place, he had recourse to the sulphate of quinine, of which he took twelve grains. The next paroxysm was four hours later than usual, and the symptoms were infinitely mitigated. Another medication of the quinine put an end to the complaint, with a very trifling memento of the phenomena, for one or two days more.

We question whether the adjunct "*rheumatic*" is applicable to the above case. It was, in fact, one of the various forms which ague assumes, in different localities, and in different constitutions.

It is evident that depletion would have been ineffectual, if not prejudicial in Dr. Costa's case, and that the quinine was the best remedy. Yet we daily see medical men have recourse to profuse bleedings, local or general, during the paroxysms of these periodical diseases, without making the least impression on the complaint. —*Bibliotheque Medicale.*

23. NERVOUS ANASTOMOSES OF THE GREAT SYMPATHETIC WITH THE FIFTH PAIR OF NERVES.*

The difficulty of accounting for tic douloureux and other painful affections of the face, as arising from irritation in the stomach and bowels, for instance, has often been acknowledged; and the vidian nerve has been considered as the most demonstrable medium of communication between the great sympathetic and the fifth pair. Hence was inferred the great inutility of dividing the branches of the fifth pair in tic douloureux, as the connexion by the vidian nerve was still left open. But supposing that the vidian nerve was cut, (which would be a pretty difficult operation,) the connexion between the nerves of the stomach and those of the face would not be the less free. We consider the *brain* as the medium of all nervous sympathy,—and unless the surgeon can cut off *that* channel of communication, he will fail, we apprehend, in all his neurotomical operations for the cure of painful affections of the face, or of any other part of the body, dependent on visceral irritation.

Professor Jacobson, of Copenhagen, has, however, published an account of an anastomosis between the sympathetic and trifacial nerves, to which he appears to attach great importance. As M. Breschet, in his notes on this discovery, has not only thrown doubts on Jacobson's descriptions, but otherwise lessened their importance, supposing them to be correct, we shall give only a very brief account of this Jacobsonian anastomosis.

The glosso-pharyngeal nerve issues from the cranium by a particular canal, formed principally by the petrous portion of the temporal bone, and separated from the foramen lacerum poster, by a fibro-cartilaginous production. In examining this canal, a considerable fossa may be observed, close to which a small canal branches off and leads to the cavity of the tympanum. In the above fossa the nerve forms a swelling or ganglion (un renflement ou ganglion) described by Andersch, and it is from this ganglion that the anastomosing branch, the subject of the present memoir, proceeds. Arrived at the cavity of the tympanum, it divides into three filaments —a superior, anterior, and inferior. It is principally by means of the first two that the anastomosis with the fifth pair is formed—the third filament unites with the sympathetic nerve, and distributes some minute threads to the membrane surrounding the opening of the eustachian tube. The *superior* filament is the most considerable, and traversing the promontory, directs its course towards the internal angle of the foramen ovale, where it enters a canal—passes under the internal muscle of the malleus—and makes its exit by an opening in the sulcus for the cranial branch of the pterygoid nerve,

* Repertoire, No. 4, p. 107—204. By Professor Jacobson, of Copenhagen.

with which it ultimately unites,* and both proceed to join the supra-maxillary nerve, or the spheno-palatine ganglion of Meckel.

The *anterior* filament having gone round the cavity of the tympanum, enters a canal formed in the parietes of the foramen caroticum, or where this parietal canal is wanting, the filament glides behind the eustachian tube, and enters the pterygoid canal, and passes on to the spheno-palatine ganglion of Meckel. The *third* filament, leaving the others at the end of the common canal, glides along the inferior part of the tympanum, following the posterior parietes of the tube to its opening, and there terminating in a leash of filaments to the back part of the palate. This *third* filament gives off a branch that communicates with the sympathetic through the foramen caroticum.

This anastomosis has been observed by our author in a great number of the mammalia, and he ventures to affirm that it exists in nearly all of them.

We shall dwell no longer on this anastomasis, because we do not think that it explains any sympathetic connection between distant parts, either physiologically or pathologically.

Viewing the brain and spinal marrow as the two extremities of one substance—one organ, it is quite preposterous to hunt after minute filamentary communications between particular nerves, when their origin or sensorium commune is the same. If the highest function of the brain itself, the exercise of the intellect, sympathises rapidly and powerfully with a filament of nerve, which may be irritated in the stomach or other chylopoietic viscera, where is the wonder that subordinate functions of the brain, or of any of the nerves issuing from the brain, should also be sympathetically affected?

At all events, the connexion of the grand sympathetic with the greater number of the cerebral nerves has been traced by many anatomists, and especially by C. A. Bock. For example, he has proved the connexion of the *trisplanchnic* nerve with the *fifth pair*. 1mo, by the ganglion of Gasser, which is united to the sympathetic by very delicate filaments—2do, by the carotid ganglion, which communicates with the first branch of the fifth pair—3tio, by the same ganglion, which sends two filaments to the ciliary ganglion—4to, by the vidian nerve—5to, a nervous branch of the soft plexus of the great sympathetic unites with the maxillary ganglion of the lingual branch of the fifth pair. We need hardly say that when the connexion between the sympathetic and the fifth pair is fairly established, we can have no doubt that all the nerves of the body are in communication with each other.

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24. CLIMATE OF MADEIRA IN CASES OF PHTHISIS.†

Medical men are often led to sanction the emigration of a consumptive patient to a warmer climate than that of England, when their

* "Ce n'est qu'apres un trajet plus ou moins long, qu'il est entierement uni," &c. By omitting the word "till," the translator of this paper in the Lancet has rendered the passage complete nonsense. "It is not after a certain course that it is entirely united," &c.—*Lancet*, April 21st, 1827.

† Dr. Renton. Ed. Journal, April, 1827.

judgment tells them that no good is to be expected from that measure. The eagerness of the patient and friends to grasp at a possible chance of saving or prolonging life—the fear of being suspected of mercenary motives in recommending the patient to remain at home—and the uncertainty as to the actual amount of organic disease in the lungs—these are circumstances that induce the medical adviser not to throw the weight of his opinion against the projected emigration. There are many medical men too, who have no personal experience of the effects of a warm climate on pulmonary consumption; and who have a vague idea that, as the cold, variable, damp, and gloomy atmosphere of England tends to the production of the disease, so the bright skies, and the higher and steadier range of temperature in Italy, Portugal, or Madeira, should have a contrary tendency. The whole question, however, hinges on the nature and the amount of pulmonary disease; and if there was no other good to be derived from the late attempts to improve the diagnosis of thoracic affections, than what would accrue to patient and practitioner, when the question of emigration is raised, the study of auscultation might still deserve cultivation.

Those who reside in Madeira, Lisbon, Nice, and other spots supposed to be favourable to consumptive patients, have daily evidence, both from the oral statements of the victims themselves, and the written documents which accompany them, that unfounded and flattering hopes have been held out to breathless and almost lungless wretches, who are exiled from friends and sacred home, first to undergo the misery of a sea-voyage or long journey, and then to end their days among strangers, far from the consolation and attention of parental or fraternal affection.

Dr. Renton has drawn a mournful but correct picture of the effects of this rash and unpardonable medical recommendation which induces or sanctions the removal to Madeira, under circumstances where no rational hope of recovery can or should be entertained. Thus, of 47 cases of phthisis sent to Madeira, 32 died within six months after their arrival—six died on a second winter's trial of the climate—six died after returning to England—while the fate of three remained unascertained, though the probability was, that they too died, after undergoing all the trouble, expense, and fatigue of the voyage out and home!

Under what circumstances then is the medical adviser justified in recommending Madeira or other warm climate? Only, we conceive, where there is a tendency to pulmonary hæmorrhage from delicacy of pulmonary structure, incipient tubercles, or condensations of lung to no great extent. Where tubercles have arrived at a large size, and especially when they have softened down, and their contents are making their way through the bronchia, in the form of purulent expectoration, with all its usual attendants, emaciation, cough, colliquative diarrhœa, hectic fever, morning perspirations, &c. it is cruel, unjust, and unpardonable to sanction, much more to recommend a voyage to Madeira, or a journey to France or Italy. But it is not to be denied, that there are cases where the nature, or rather the source of the purulent expectoration is doubtful—and

where a presumption that it comes from the mucous membrane, and not from tubercular excavations, may render the recommendation of the medical adviser, as to emigration, justifiable, and indeed humane. It is in such cases, that the utmost pains should be taken to ascertain the precise condition of the thoracic organs; and we fearlessly maintain that this cannot *always* be done, without the aid of auscultation and percussion. We know, indeed, that some medical men, who have unlimited confidence in their own powers of discrimination, will decide upon such cases, after half a dozen of commonplace questions, without a single examination of the naked thorax. But whether they are invariably correct in their diagnoses, we will not venture to say. We suspect that Dr. Renton could solve this query: for he informs us that he examined the bodies of 15 patients who had been sent out to Madeira, and that—"in some of them the pulmonary symptoms were stated to be *merely secondary*, and the *liver* denounced as the offender in chief;" yet in only *one* instance was this organ found affected in structure, and it was then tangibly and unequivocally enlarged. It is almost incredible the mischief that is done in this country, by mistaking real pulmonary *disease* for symptomatic pulmonary *disorder*, occasioned by hepatic or gastric affection! Many of the most melancholy cases that come under our observation, are those, where the thoracic symptoms have been despised, and where the hepatic derangement has absorbed the whole attention of the medical practitioner, till the structure of the lungs has been changed by inflammation into irremediable formations. We have reason to believe that we have awakened the attention of the profession to this delusion, and that some lives will be saved in consequence.

In conclusion, we agree with Dr. Renton, that "great and lasting benefit is to be derived from even a temporary residence in the climate of Madeira, in cases where pulmonary disease is *merely threatened*, or where strong family predisposition exists." But, even in such cases, the greatest attention is necessary to avert from the delicate organ every accession of inflammatory excitement, by diet, medicine, and clothing.

P. S. We have had intelligence from several medical invalids, who have been recently trying various parts of the Continent, that the situation of Hieres, in the South of France, is, upon the whole, the best adapted for pulmonary affections.

25. M. BROUSSAIS ON TETANUS.

The Professor of the VAL DE GRACE has recently published a memoir on tetanus, by M. Lassere, a physician of Dordogne, in which the author of the new physiological doctrine strongly advocates the practice of local depletion in tetanus, as the only measure that promises any thing like general success in this formidable malady.

Dr. Lassere has met with five cases of tetanus within these few years—the first four of which were saved by general, and more especially local depletion along the spine, the epigastrium, and the

muscles which were the seat of spasm. One of these cases was traumatic tetanus, too, which is still more dangerous than the idiopathic. Of this case we shall take a short notice.

Margaret Fouillard, had her heel wounded by a blunt piece of iron, the injury, however, being so trifling as not to prevent her from attending to her domestic concerns. Two days afterwards, she felt pains shooting up the thigh of that side,—and, ultimately the back, which became stiff. On the tenth day after the accident our author was called to the patient, the whole trunk of whose body, and also the lower extremities, were rigid as a board. Trismus was slight; but the spinal column was the seat of excruciating pain. Her bowels had not acted for some days—pulse small and tight—sense of suffocation. On examining the seat of the original injury, Dr. L. found the parts tender on pressure, though without any swelling. He made a deep crucial incision, which occasioned a profuse hæmorrhage. Thirty leeches were applied to the lumbar region, and then a large cataplasm. Opium was also given every two or three hours through the night. The next morning the tetanic symptoms were greatly relieved, and the trismus had disappeared. Warm baths, purgatives, and fomentations to the injured heel completed the cure.

The above was the slightest of all the five cases—the others requiring great and repeated local depletions by leeches from the spine and epigastrium. In some of these cases, it was observed that opium not only disturbed the head, but seemed to induce or accelerate inflammation of the entero-gastric mucous membrane.

M. Broussais, in his comments on these cases, ridicules the idea of treating tetanus, as a nervous or spasmodic affection, by opium, anti-spasmodics, mercury, cold and warm baths, &c. It must be treated as we would treat arachnitis or spinitis—"that is, by applying leeches along the vertebral column, and along those muscles to which an excess of nervous influence is directed." He strongly censures the administration of opium in this disease. He avers that this medicine excites disorder in the stomach and head, which disorder re-acts on the spinal irritation or inflammation, and consequently, increases the disease. On the same account he abstains from all violent purgatives, considering the obstinate constipation as a consequence of the disease, and to be remedied by the removal of its cause. M. Broussais asserts that, treated on these principles, the disease has ceased to be half so formidable as it formerly was in the Val de Grace, and in other places where the physiological doctrine is taught and pursued.—*Journ. de Med. Phys. Fev.*

We believe that the local depletion of Broussais has never been carried to the full extent in this country; and when we reflect that the brain and spinal marrow must be the *immediate* seat of the irritation or inflammation which gives origin to the phenomena of tetanus, we can hardly look with confidence to any remedy which has not a strong tendency to remove this irritation or inflammation. What remedy is more likely to effect this indication than powerful and repeated depletion from the head and spine, but especially from the latter?

Quarterly Periscope
OF
PRACTICAL MEDICINE;
BEING
The Spirit of the Medical Journals,
Foreign and Domestic;
WITH COMMENTARIES.

PART II.
HOSPITAL REPORTS.

"Ore trahit quodcunque potest, atque addit acervo."

1. LIGATURE OF THE EXTERNAL ILIAC.

[M. Dupuytren—Hotel Dieu.]

THE celebrated surgeon above-mentioned has occupied no less than twenty-one quarto pages of letter-press (Repertoire, No. 4) with this case; a circumstance that proves he attaches no trifling importance to the operation, and to the events that succeeded. We shall endeavour to make the facts of the case stand within much narrower limits in our medical microcosm.

Case. F. Berger, a stone mason, aged 45 years, strained himself while lifting a heavy burthen, in June, 1815, and experienced an acute pain in his left groin for a few minutes, but which did not prevent him from following his employment at the time. Two months afterwards he felt a small tumour, two inches below the crural arch, to which he paid little attention. The tumour gradually increased in size till June, 1816, when, on making another muscular exertion, the swelling suddenly augmented to the size of a hen's egg. Finally, in the beginning of August, he fell against the edge of a large copper vessel—struck the tumour, and increased the evil. He entered the Hotel Dieu on the 23d of August, 1816. The tumour was now the size of a large pear, extending from a little above to some inches below the crural arch, standing out two inches from the surface of the parts. It pulsated in accordance with the heart. On making strong pressure on the tumour it partially disappeared, and its parietes then felt unequal, and of cartilaginous consistence. Pressure removed, the swelling returned, as it were, *per saltum*, to its original dimensions. There could be no doubt that the disease

was aneurism of the femoral artery, and it was determined to try the effects of pressure before having recourse to the ligature. By means of a kind of truss, pressure was made on the extremity of the external iliac artery where it passes over the pubes, and a little above that spot. When the machine was applied, all pulsation ceased in the tangible arteries of the limb. The tumour itself was kept covered with ice in a bladder. But it was soon found that the pulsations returned in the tumour whenever the patient coughed, talked, or made even the slightest movement. Besides this, the degree of pressure necessary for suspending the force of the circulation could not be borne for any length of time, especially when the ice was applied, which rendered the pain of the pressure much more insupportable. This pressure, alternately kept up and suspended, was continued till the 18th September, when it was abandoned altogether. The tumour was now sensibly diminished. On the 20th of the same month, another bandage or belt was applied, which had the advantage of following the movements of the pelvis, and making a much more uniform and effectual pressure; but the patient had not fortitude to bear the pain for any great space, at one time, and strenuously urged M. Dupuytren to perform the operation. On the 16th October, therefore, the operation was performed in the usual way, though with considerable difficulty, in consequence of the condensation of the cellular tissue over the artery, and the enlargement of a chain of lymphatic glands. One ligature was applied an inch above the aneurismal tumour, and a spare ligature was thrown round the vessel, but not tied, still higher up on the vessel.

It was remarked during the operation, that, when the patient held in his breath, and strained the abdominal muscles, the edges of the wound were pressed together, and the peritoneum forced, as it were, through the opening. This caused considerable embarrassment.

The man supported the operation well; but, immediately afterwards, was affected with nausea and disposition to syncope, which, however, were relieved. The limb preserved its sensibility and temperature through the day; but the patient complained of pain in the abdomen, especially in the epigastric region, with constant gazeous eructations, and, at one period of the day, universal heat and some thirst. In the evening the belly was tympanitic, and the patient was in a state of extreme anxiety. There were also some symptoms of cerebral congestion in the night. *Venesection—frictions over the abdomen.* The night was spent without sleep, and in much pain. *Second day.* The motility and sensibility of the limb continued unimpaired, and the abdominal pains persisted. The stomach was so distended with gas, that it could be plainly traced across the epigastric region. The eructations were constant—pulse quick—features shrunk—tongue, teeth, and mouth, covered with black sordes. After having enemata administered, the patient had a temporary respite from suffering; but the epigastric pain returned as violent as ever. He was bled again, and more lavements were thrown up. In the evening there was some wandering of the mind, and the patient lost all recollection of what had happened through the day. Bled again to 8 ounces. Glysters brought away

much flatus, but no fæcal matters. He had some hours sleep. *Third day.* The symptoms mitigated in all respects. Castor oil was given this day, but no stools procured. He slept three hours this night. *Fourth day.* Although the epigastric pain was diminished, the gazeous eructations continued. The patient had some appetite to-day, and was allowed two plates of soup. The state of the limb was satisfactory, and he slept some hours in the night, but was disturbed with frightful dreams. *Fifth day.* The dressings were removed, and suppuration was established; but there was a black spot at the upper part of the wound. The tumour was diminished to one third its original size, and had no pulsation. He had delirium in the night. Enemata brought away a copious black motion, after which the delirium ceased. *Sixth day.* The symptoms were unfavourable. The mouth and tongue black, pulse quick, something like pulsation in the tumour. The symptoms, however, got better in the evening, and the patient had some hours of sleep. *Seventh day.* The tongue dry and red—pulse not so frequent—no pain in any part of the body—suppuration abundant and good—slight pulsations or rather tremors, in the tumour. (Legers fremissemens.) Two copious evacuations from enemata. Some appetite—some bouillie allowed. The eructation now ceased for the first time since the operation. *Ninth day.* While dressing the wound this day, a strong pulsation was perceived in the left side of the abdomen, a little above the wound, and apparently proceeding from the iliac artery. The pulsation was also more distinct in the tumour than before, although its size was daily diminishing. Some wine was now allowed to the patient. On the 13th day, a small abscess broke into the wound, and its formation was evidently the cause of the pulsation above-mentioned, and which now ceased. On the 16th day the ligatures came away. The appetite daily increased. *20th day.* The pulsations in the tumour are still visible and tangible—suppuration abundant. In the night of the 23d day, there was some hæmorrhage from the wound. When examined, the source of the bleeding could not be ascertained. *24th day.* A second and more copious hæmorrhage took place this morning, accompanied by pain in the wound. The blood seemed to come from the inferior angle of the wound, and was evidently arterial. Pressure above the wound did not arrest the hæmorrhage—pressure below did. A pad was fixed below the wound—the patient's countenance was changed for the worse—and the gazeous eructations again appeared. M. Dupuytren was puzzling himself about the source of the hæmorrhage, when he felt, on examining the abdomen, and much to his astonishment, the epigastric artery, greatly enlarged, and pulsating distinctly under the abdominal integuments. The pulsations were particularly conspicuous in the neighbourhood of the wound. It then immediately struck him that the pusation in the tumour was owing to the free communication of the blood through the internal mammary and epigastric arteries—and that, hence, a too great facility of communication, far from being favourable to a cure, in this operation, was the cause of the reproducion of the malady.

M. Dupuytren looked upon the hæmorrhage as coming from the inferior extremity of the artery, and then asked himself the question—can this extremity be tied? It must be extremely short above the tumour, and he thought the operation impossible. If the artery were taken up below the tumour, it would also be below the origin of the profunda, and would be of no use. Should the tumour be opened, as it used to be, in the ham? How was the flow of blood to be commanded above the scene of operation, in such case? M. Dupuytren gave over all thoughts of tying the epigastric, the profunda, or the femoral artery, and determined on pressure. He, therefore, endeavoured to ascertain the exact point from which the hæmorrhage came. Pressure below the wound invariably stopped the flow of blood; while that which was made above had no effect. The blood, therefore, came from the lower extremity of the divided artery. In an hour and a half a third hæmorrhage took place, and was restrained by pressure. But pressure was painful, and whenever it was removed, the bleeding returned. The patient was in a dangerous predicament. After clearing away some clots of coagula, a rush of blood took place, and M. Dupuytren thrust his finger to the bottom of the wound, by which he arrested the hæmorrhage. He now clearly ascertained that the blood came from the lower extremity of the vessel. A dossil of charpee, well rolled in powdered rosin, was quickly introduced to the bottom of the wound, and firmly kept there by superincumbent compresses. The whole was secured by a kind of truss. This species of pressure gave great pain, but was more patiently supported than formerly, as the man was now very sensible to the danger of his own condition. In the evening, all was found secure, and no hæmorrhage had taken place. *On the 25th day*, blood was found to have escaped, and new compresses and pressure were applied. The limb was in a good condition as to temperature, sensibility, and muscular power; but the *morale* of the patient was lowered, and he felt pain in the epigastrium, and discharged much gas by the mouth. These symptoms had a good deal disappeared by the evening. *26th day.* A considerable quantity of blood was found to have escaped at the side of the compresses, as well as pus. Between the 27th and 29th days, there was some discharge of pus, but no hæmorrhage. On the 30th day, a fresh hæmorrhage occurred, but not to the amount of more than two or three ounces. It was arrested by new compresses and bandages. After this there was no more bleeding. Part of the dressings were removed on the 32d day. There was discharge of pus, unmixed with blood. On the 33d day, the upper part of the thigh was found inflamed and the patient had fever, intense thrist, and some delirium in the night. Cold applications were used to the inflamed parts. On the 34th day, the whole of the compresses were very cautiously removed, and the wound presented only a purulent secretion, of good quality:—It was simply dressed, and the inflamed parts were kept covered with compresses, wet with the liq. plumb. acet. The aneurismal tumour had now no pulsation. There was much inflammation however, and constitutional disturbance. Although the patient had had no stool for some days, M. Dupuytren was afraid of ordering a lave-

ment, lest, while at stool, there might be a fresh hæmorrhage. A considerable abscess formed in the upper part of the thigh, and gave exit to a large quantity of pus. From this time the patient went on well, and by the 60th day from the operation, he was able to leave his bed.

The patient was carefully examined on the 15th January, 1827, eleven years after the operation, and was found in good health, having worked all this time at his trade, as a stone-mason.

The question of secondary hæmorrhage in this case is an interesting and important one. The ligature was applied low on the iliac, just above the origin of the epigastric and circumflexa ilii. What was the consequence? Why that, in the upper portion of the artery, there was room for the formation of a clot, two inches in length, or more; whilst, in the lower portion, the whole force of the collateral circulation was brought, by means of the enlarged epigastric, to the very verge of the ligature. Under these circumstances, no sufficient coagulum could be deposited; there was no security, in consequence, against the secondary hæmorrhage; and it was this portion of the vessel that actually and naturally gave way.—*Rev.*

2. DISEASE OF THE NAILS.

[Guy's Hospital.]

In the April number of the Medical and Physical Journal, we find a short communication, and a beautiful plate from Sir Astley Cooper, illustrative of the diseases of the nails, and of the structure by which they are produced. The first subject (the diseases) is contained in Sir Astley's *published* lectures, and the anatomical description has been given in his anatomical course, not published. As the communication will occupy little more than a page of our small type, we shall give it in the worthy Baronet's own words.

"*Of the Nail.*—When this part is separated by putrefaction, and its internal surface is examined, it is found to be divided into three parts: viz.—1st, a hollow and nearly smooth white surface, at its root; 2ndly, a hollow white laminated surface, in its middle; 3dly, a hollow brownish, and less distinctly laminated portion, near its extremity.

"*Of the Ungual Surface beneath the Nail.*—This is divided into two parts. Opposite to the hollow at the root of the nail is placed a highly vascular and villous surface, which I call the ungual gland, and the portion of the nail over this surface is thinner than the rest. Beyond this secreting surface appear a number of laminæ, like the under part of the mushroom, which are parallel with those placed in the inner part of the nail, and which pass in the direction of the axis of the finger. The parts of the nail usually cut project beyond these laminæ.

"The ungual gland is a very vascular surface, and its use is to secrete the nail, which proceeds from it between the laminæ placed before it; so that the nail grows from its root, as may be easily seen by cutting a notch there, which grows gradually out in about three months, advancing until it reaches the extremity of the nail. The growth of a new nail also illustrates this position.

"The laminæ situated anteriorly to the secreting surface, and upon the third phalanx of the finger, are highly vascular, as far as the adhesion of the nail extends; but beyond this the cuticle of the end of the finger turns in to unite itself to the laminæ. Their vessels are arteries and veins, the latter of which form a plexus, with very frequent communications. The nail adheres to the finger by the cuticle, and it therefore separates by putrefaction and boiling: it also adheres at its root to the secreting surface which produces it; and, above all, it adheres by its laminæ being received between the living laminæ beneath. Opposite to the root of the nail, the cutis and cuticle are double, and turn inwards; so that a considerable portion of the nail is covered by the common integuments. The cuticle unites to the nail; the cutis passes under it, to produce the secreting surface and laminæ,—it is vascular and villous, that it may secrete the nail; vascular and laminated, in order to produce the adhesion of the nail to the skin.

"*On the diseased Growth of the Nail.*—The nail sometimes grows broader than it ought, and it then produces ulceration by the pressure of its edge, which is followed by an irritable and fungous granulation. As this state arises from the breadth of the nail, and its consequent pressure, it sometimes continues for months, or even for years; yet it will yield to proper treatment in two or three weeks. The common mode of relief consists in cutting a notch in the centre of the nail; in scraping its extremity thin; in putting it frequently in warm water, and in putting a piece of lint under its projecting edge: but this mode often fails in producing a cure, and frequently is only a temporary relief. In obstinate and difficult cases of this unnatural growth of the nail, I have, for thirty-five years, recommended and practised the plan of cutting way the edge of the nail with scissors, from its extremity to its root; by which a cure is often produced in a few days, and in the worst cases in two or three weeks. A poultice only is afterwards required.

"*Of Disease in the Ungual Gland.*—In diseased states of the constitution, the secreting surface which produces the nail gets into a morbid state, and, instead of a healthy nail being formed, it throws out one which is black, everted, unadherent, and which so irritates the vascular surfaces as to produce an irritable, sloughing, and very painful sore, which renders the patient lame, so as to prevent his gaining his daily bread. As this is a constitutional as well as local disease, it becomes necessary to employ constitutional and local means of treatment. My usual plan is to give a grain of calomel, with a grain of opium, night and morning, with the decoctum sarsaparillæ compositum; and to apply the liquor calcis ʒiv. with calomel ʒj. by means of lint with oiled silk over it. This plan often succeeds; and, if it does not, it destroys the predisposition to the disease.

"After giving these constitutional remedies, if the sore does not heal. I have sometimes applied a blister to bring off the nail, and alter the action of the ulcer. But in hospital practice, where persons are anxious to return to their labour, and to have their disease

quickly and effectually removed, I have always dissected away the secreting surface which produces the nail, and prevented the possibility of a recurrence of the disease." 291.

The plate which accompanies the communication is highly illustrative of the subject.

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3. CHLORIDES OF SODA AND OF LIME.

[Lisfranc. La Pitié.]

We have already noticed M. Lisfranc's observations on the utility of this remedy in burns and in ulcers. Our readers are also acquainted with the publications and translations on this subject, contained in our last number. Some farther reports have been lately made from LA PITIE, by M. E. Margot, who has been deputed to record the practice of Lisfranc, in this hospital. M. Lisfranc sets out with the following propositions.

1mo. The chlorides of soda and lime are excitant substances, capable of inducing inflammation; but it would not be prudent to apply them too near to organs, inflammations of which might be hazardous.

2ndo. These chlorides have the property, superior perhaps to all other substances, of inducing that kind of inflammation which throws out a plastic secretion quickly convertible into false membrane, and consequently producing adhesion or agglutination of the parts.

3tio. These chlorides tend to awaken the organic sensibility in portions of skin completely denuded of cellular tissue, and to cause them to adhere to the subjacent parts, when all other means have failed. Thus losses of substance are prevented in parts where, under other treatment, the cicatrization would prove a deformity.

4to. Employed for the cure of fistulæ, the chlorides, in a third degree of strength, diminish, sometimes immediately, the process of suppuration—sometimes they suppress this process instantaneously. It is in this way they prove successful. When they fail to produce this effect, their strength should be augmented—when they excite inflammation too intense, they must be discontinued for a time, and afterwards tried in a more dilute state.

5to. By these chlorides, M. Lisfranc has cured many callous fistulæ, which could not be cured by other means.

Four cases are related as examples from among a great many of a similar kind. We shall give a short abstract of these.

Case 1. John Sauquet, aged 27 years, was admitted into the hospital on the 9th January, 1826. Six weeks previously he had an abcess in the loins, which was opened. A fistulous canal, more than three inches in length, existed, the skin covering which was thin, discoloured, and below the natural temperature—the sides and orifice were callous. Injections of the chloride of soda, in the third degree of strength, were prescribed, and allowed to remain for some time in the canal. These injections were renewed three times a day, and lint moistened with the solution was kept over the fistulous orifice.

On the 11th the suppuration, which had been abundant, was reduced one half. The patient had experienced some smarting in the fistula. 12th. Some degree of compression was employed. On the 14th the strength of the solution was increased—and by the 21st the cure was complete.

Case 2. M. Cauvait, aged 44 years, was received into La Pitié on the 24th November, for an abcess in the upper and outer part of the leg, which had existed for two months. It had been opened, and another opening had been necessary near the outer ankle. A fistula existed between the two openings. Injections were used, but they produced no effect. Their strength was then increased, and they excited inflammation, for which poultices and fomentations were necessary. When this was over, the injections were again employed, and the cure was soon effected.

Case 3. A young lad was received into hospital in March 1826, for a fistula situated in the thick part of the thigh, the tract of which was four inches in length, penetrating among the muscles. This had existed for two years. Six injections of the chloride of lime were used of the third degree, but with no effect. They were then increased in strength, and some pain was produced. In three days the suppuration was reduced one half. The injection was continued to the 26th March, when the fistula was completely cured. He was discharged a few days afterwards.

Case 4. Guygny, aged 52, was received on the 12th April, 1826, having been affected more than six months, with several fistulous ulcers. One was on the thigh, a little above the knee, running up four inches among the muscles. The skin covering the fistulous canal was of a blue colour. There were several other sinous sores in the same limb. She had been under treatment in this city for two or three months, without any benefit. Leeches were first applied, with poultices and fomentations; after which, the injections were used, as already described, and the patient was discharged completely cured on the 27th May.—*Revue Med. Janvier.*

Now that these chlorides have been introduced into this country, we have no doubt that they will receive attention, and be put to the test of experience.

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4. ON BLEEDING IN THE COLD STAGE OF AGUE.*

[Royal Ordnance Hospital.]

There are few things more repugnant to the imagination of a medical man than that of venesection in the cold stage of an intermittent fever. Yet this must be from education. Books and lectures

* Dr. Mackintosh. Ed. Med. and Surg. Journal, April, 1827.

all inculcate a diametrically opposite procedure. We see the face and surface of the body pale and cold—the pulse feeble and quick—the teeth chattering—the whole body shivering—and the suffering patient huddling himself up in all the clothes he can collect, to keep the spark of life from being extinguished! The very idea of abstracting any of the vital fluid (which seems almost entirely to have vanished) is horrible. But yet, when we come to reflect that the blood has only shifted its place from the circumference to the centre, and that the internal vessels and organs must now be gorged with this fluid, and, as it were, in a state of suffocation, there is nothing very incongruous in the attempt to relieve these suffering organs, by abstracting a portion of blood from the general circulation. It was upon this idea that Dr. M. tried the effects of bleeding in the cold stage of ague, with the view of relieving the internal congestions, and moderating or preventing the subsequent reaction. But Dr. M. is not quite so original on this point as he supposes himself. Did not the Indian practitioners bleed in cholera epidemica, where the most frightful picture of the cold stage of ague is portrayed? It was Dr. Johnson who first suggested and practised this plan, in a few cases of violent sporadic cholera or *mort de chien*, as the following passage will prove.

"I have only slightly mentioned venesection, though from its instantaneous good effects in three desperate cases, I am inclined to think it might prove a powerful auxiliary, *in relieving the brain and other internal organs when overwhelmed with blood*, EVEN ANTERIOR TO RE-ACTION; and also by moderating the violence of the re-action itself."—*Tropical Climates.*

The above was written in 1806, and published in 1811. Acting on this suggestion and experiment, the Indian Practitioners bled in cholera morbus, where the blood had so completely deserted the surface, that it was with extreme difficulty, in most cases, they could get the blood to flow in drops from a vein. This is a complete anticipation, not only of the principle but of the practice which Dr. M. now brings forward; but we freely accord to the talented writer all the credit of applying this principle and this practice to the intermittent fevers of this country, where the danger is, however, not so great as in those terrible forms of collapse, where venesection was ventured on in the hotter regions of the earth. But to the subject before us.

Dr. M. considering justly that the difficulty of breathing, the tremors, the pain in the head, the coma, and in short, all the remarkable and prominent features of the cold stage, are owing to congestions of blood in the brain, lungs, liver, spleen, and great vessels, determined to try the effects of bleeding, first on himself, and subsequently on others. "I have seen," says he, "men in the most severe sufferings, relieved after the abstraction of six, eight, and ten ounces of blood. I have known three ounces suffice; and, on one or two occasions only I had to bleed to the extent of two pounds. The relief, which is the most perfect relief that can well be conceived, is so sudden, when a good orifice can be made,

that it has surprised and delighted every one who has seen my practice."

In the year 1810, our author was himself harrassed with an ague; and bark and other remedies had entirely failed. He therefore determined to try venesection in the cold stage. Before twelve ounces of blood were abstracted, the rigours ceased, with all their unpleasant accompaniments. There was no hot stage—no sweating stage. A pleasant sense of heat succeeded the painful one of cold; and instead of weakness, he was sensible of an acquisition of strength. Afterwards he bled many other individuals, and always with the same results. The present proofs, however, of the good effects of the practice do not rest on his own testimony alone. The plan was put in operation in the ROYAL ORDNANCE HOSPITAL of Edinburgh, before his pupils, and in presence of several members of the profession. Eight cases are detailed at great length; but we cannot afford space for any abstract of them in this article. We recommend a careful perusal of them in the journal where they are published. We cannot, however, deny ourselves the satisfaction of quoting the conclusions to which Dr. Mackintosh has come from the various facts and cases which he has detailed.

"1. I need scarcely say that bleeding in the cold stage will not necessarily produce death.

"2. That this practice will sometimes cure the disease; at others it will prove beneficial by breaking the chain of diseased action, and rendering the subsequent paroxysms milder and milder.

"3. That bleeding in the cold stage, in every case in which it has been yet tried, has cut short the cold fits, and has prevented the subsequent stages of the paroxysm, so that the hot and sweating stages are saved. It seems to operate by anticipating the natural efforts of the constitution, removing the internal congestion, and restoring the lost balance of the circulating system.

"4. That it promises to be most serviceable in severe autumnal intermittents; and more particularly in the pernicious and malignant fevers, as they are termed, of Italy, Holland, and other marshy countries, which are well known to be very fatal under the ordinary treatment. In these cases the reaction of the system cannot fully develope itself, in consequence of the extent to which internal congestion has taken place, and which this practice will remove.

"5. That it may be used with safety in any climate where the cold stage continues long and threatens danger.

"6. That bleeding in the cold stage is, at all events, more successful than in the hot stage, or than in the intervals. For although I have often seen bleeding used in such circumstances, and with advantage, by mitigating unpleasant symptoms, yet I have never known the subsequent paroxysm prevented by it.

"7. The practice may be adopted in the first stage of all fevers; and probably will be found useful by surgeons in concussion of the brain." 272.

We understand that some trials have been made of this procedure

at the Royal Infirmary; but have not been led to believe they were quite satisfactory.

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5. INFLAMMATION OF THE GALL-BLADDER, &c.
[Hôpital Cochin.]

Case. Madeline Bernard, aged 24 years, had been confined about three months before her entrance into the hospital above-mentioned. She was received the 20th September, 1826, and appeared to labour under merely some stomach derangement. On the 6th October, the 18th day of her illness, she presented the following phenomena:—pulse small and quick—urine yellow and turbid. *9th.* Pulse the same—skin hot—no bowel-complaint. *11th.* The accessions of fever were quotidian—urine very high-coloured. Twelve grains of the sulphate of quinine to be taken in 24 hours. *13th*, Diarrhœa—intermitting pulse—cough—urine yellow. *14th*, Slight quotidian accessions of fever—decubitus dorsalis—tongue clean—abdomen painful—pulse very quick—skin very hot. *16th*, Same symptoms—urine of an orange colour, and very turbid. *17th*, Delirium—vomiting of every thing swallowed—no diarrhœa, no pain in the abdomen—some symptoms of bronchial inflammation, on examination by the stethoscope—pulse small, frequent, and feeble. *18th*, Moans much—epigastric pain—urine much troubled. *21st*, Delirium—indications of pulmonary œdema on the left side. She seemed a little better during the next two or three days. *24th*, Extreme sensibility to pressure in the region of the liver—all the symptoms much aggravated—violent peritonitic pain in the abdomen. *27th*, The patient threw up by vomiting a large quantity of purulent matter. Death.

Dissection. The gall-bladder appeared blanched externally, but on examination, presented unequivocal marks of inflammation. It was completely filled with whitish and greenish pus of good consistence—the internal surface of the organ was covered with red spots, and was evidently inflamed. Near the cervix of the gall-bladder there was a small abscess in the parietes of the organ. There were three small biliary calculi found among the purulent matter. There was no trace of inflammation in the biliary ducts, nor any affection of the liver. The mucous membrane of the stomach was softened near the cardiac extremity, but there were no traces of inflammation in this organ, or in the small intestines, till within a few feet of the cœcum, where a chain of ulcerations commenced, and reached to the colon, where there were also a few small ulcers. The left kidney was inflamed, as was also the lining membrane of the urinary bladder. The apex of the heart adhered to the pericardium by a substance evidently of the nature of a false membrane. The brain and the lungs were sound.—*Journal General de Medecine, Janvier*, 1826.

The above appears to be a case of unequivocal inflammation of the gall-bladder; but whether the fatal termination was owing to this cause, is questionable. We are disposed to consider the fever, and the intestinal ulcerations as the more immediate cause of death,

though doubtless the cystitis, biliary and urinary, must have greatly added to the general constitutional fever and irritation.

6. WOUNDED ARTERIES.*

[St. Thomas's Hospital.]

Mr. Travers has recently published some cases of wounded arteries, of which we shall give a brief abstract in this article.

1. *Ligature of the Carotid.* A man was admitted on the 8th December, with a tumour on the top of the right cheek, encroaching on the orbit and even the eye-ball, attended with pain shooting towards the ear, and sense of throbbing augmented by the recumbent posture. He had cough and morning expectoration. Mr. H. Cline (1815) made an incision along the edge of the orbit, but could discover no vessel feeding the tumour. After a good deal of dissection, and the removal of half the tumour, the parts were dressed. Erysipelas, fever, and delirium arose, with great pulmonary congestion and dyspnœa, &c. which were relieved by bleeding and blistering. This was on the 29th February. On the 12th April, arterial hæmorrhage took place from the remaining portion of fungus, to the amount of three pounds. It was arrested by pressure on the carotid. 13th, Mr. Travers tied the common carotid. He went on, with various vacillations, till the 24th, when strong rigors occurred, and were repeated on the 26th. On the 28th, we find the patient with delirium, subsultus tendinum—the tumour shrunk. He died the next day.

Dissection. The lungs were much congested, but not altered in structure. The liver and pancreas were indurated—the right kidney presented a fungous tumour on its superior surface, which involved the tubular substance. The opposite kidney was wasted. In the head, there was a considerable serous effusion between the dura mater and tunica arachnoides. The tumour was found to have no communication with the antrum or orbit. The bone was absorbed at the root of the zygoma. The tumour corresponded exactly with that found in the kidney, each being filled with a soft medullary substance.

The carotid artery was divided, and the extremities separated to a distance of three lines. Some injection thrown into the opposite carotid found its way into the upper portion, insinuating itself by the side of the clot, and filling up the space not occupied by it. The upper clot was unadherent to the internal coat, an inch and a half long, bounded by the superior thyroid artery, about half an inch short of the division. The tunics were completely severed by ulceration; but the internal tunic, separated from the middle and outer, projected above the mouth of the inferior portion of the artery, having a thin ragged appearance. The inferior clot, an inch in length, did not completely fill the tube, and was adherent only at the superior extremity to the internal tunic. There was no sign of any healthy process going forward.

2. *Subclavian Aneurism.* William Cottrell, aged 73, was admitted

* Mr. Travers. Med. and Phys. Journal, April, 1827.

on the 9th January, 1823, with a painful, pulsating tumour, the size of a Swan's egg, protruding the pectoral muscle, and extending to the clavicle. The subclavian artery was tied, on the 17th January, above the clavicle. The sac having given way in the act of passing the needle, much blood was lost; and although the artery was secured, the ligature did not command the bleeding, so that it was found necessary to introduce a sponge tent into the wound, by which the hæmorrhage was controlled. On the 20th he died, the respiratory function having laboured much from the period of the operation.

Dissection. The lungs were sound in structure, but the right pleura was inflamed, and contained 20 ounces of serum in its duplicature. The aneurismal sac was nearly empty. No adhesion had taken place in the wound. The ligatures were found firmly seated on the artery at the root of the sac. The sac had a pouch-like enlargement upwards, which closely overlaid the artery on the pectoral side; and this having been penetrated in the passage of the needle, had occasioned the profuse arterial hæmorrhage, without saltus, and which could not be arrested by the tightening of the ligature.

Could the actual state of things have been foreseen, the operation would not of course, have been performed. The hæmorrhage was terrific, and at one time it was expected that the patient would have died in the operation room. One would have expected that an acute inflammation of the pleura would not have been a likely occurrence, after such a depletion; yet this inflammation and its consequence, effusion, appear to have been the cause of death.

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7. PAPULAR AND CRUSTACEOUS PSORIS.

[M. Alibert. Hôpital St. Louis.]

Under the above title, the celebrated Alibert designates two species of non-contagious affection of the skin, the common character of which is to induce a more or less intense pruritus, causing the individuals to scratch the parts incessantly, for the purpose of extinguishing or appeasing the terrible sensation with which they are annoyed.

1. PSORIS PAPULOSA.

This species presents two varieties, the P. formicans and P. pedicularis. The former has been delineated already, under the title of prurigo formicans, by M. Alibert, and is noticed in a former number of this Journal. It is with P. pedicularis we have now to do.

P. Pedicularis. This has been always confounded with P. formicans, observes M. Alibert, but although it has the same march and termination, it differs, by the production of an insect, which forms its essential character, and which modifies the treatment.

Case 1. Loyer, aged 44 years, of very sanguineous temperament, had been affected with some cutaneous complaint a few years ago;

and it was for a fresh and aggravated attack that he now entered the St. Louis, covered with eruptions and devoured by vermin. There was seen issuing from beneath the epidermis, a prodigious quantity of lice. Several baths were administered; and on coming out of the water, the papulæ were found shrunk, and only brown spots remaining on the skin. When warm, and especially after the baths, he experienced the most insupportable sensations of formication. He assured M. Alibert that he felt the vermin bite and tear him far beneath the surface of the skin, particularly between the shoulders, under the armpits, on the arms, and about the knees. The patient exhaled an odour, *sui generis*, and peculiarly repugnant to the olfactories of the attendants. It was observed that the bath produced two distinct effects:—sometimes it caused the issue of a prodigious quantity of vermin, that swarmed over his body and among his clothes:—sometimes the vermin disappeared after the bath, with a great increase of the pruritus. The difference was attributed to the difference of temperature of the water.

Case 2. This patient was 65 years of age, and had never experienced any severe malady. About 15 months ago, there appeared on various parts of his body, a multitude of small elevations, of a red colour, and accompanied by intense itching, and an issue of pedicular vermin. The wretched man was forced to tear his skin, and yet without being able to allay the irritation, which harrassed him day and night. The sensations were most distressing when there was perspiration on the surface, which seemed to heighten the sensibility of the skin. The eruption, the irritation, and the pedicular irritation would cease for five or six weeks, and then reappear, to continue for a month or so. The unbroken papulæ resembled those produced on the skin by intense cold—those which were torn, resembled a small scale, and were encircled with a red areola.

Case 3. Bernard, aged 78, had long had an eruption on his face, before he was seized, four years ago, in the middle of winter, with intense pruritus over the breast, the upper part of the back, the thighs, and scrotum. Tepid baths, blood-letting, and cooling diluents soon dispersed these symptoms; but they were renewed, with aggravation, the two following winters. In 1824, almost the whole surface of the body, except the hands and face, was covered with eruptions, and became the seat of intense itching. The papulæ, at first red, were soon excoriated, and covered with greyish crusts. When these were detached, small lice were seen to issue from the larger papulæ, and these vermin soon multiplied prodigiously. The miserable patient had scarcely an interval of repose. Each part of the body became alternately the seat of irresistible irritation, and violent stinging sensations. Towards night, especially, the unhappy Bernard was in a state of anguish insupportable, tore his flesh with his nails—and rubbed himself violently with a hard brush!

Although this poor old creature had scarcely two hours sleep each night, yet his health did not seem deteriorated, nor his appetite impaired. His digestion was good; and he had only an obstinate constipation of bowels, the usual attendant on pruritus. Venesection, leeches, opiates, warm baths, diluent drinks, and great attention to cleanliness were employed; but it required six months assiduous treatment, on this plan, to effect a complete cure. The simple warm bath produced more benefit than all other means together. It is worthy of remark, that in proportion as the cutaneous malady gave way, the bowels became more free, and in the end, the patient had eight or ten motions daily without taking any aperient. During the last three years, Bernard has enjoyed good health, and has had only some slight itching of the skin when he takes coffee, spirituous liquors, undiluted wine, or neglects, for any length of time, the warm bath.

II. PSORIS CRUSTACEA.

This is defined by M. Alibert, a pustular and crustaceous eruption, affecting the external parts of the thighs, arms, and sometimes the spaces between the fingers. It is often mistaken by the vulgar for the itch. It is almost always the product of want of cleanliness, or some particular avocation, and is not contagious. Its march is sometimes acute—sometimes chronic. This disease has not been sufficiently investigated, although it is very common in large cities, hospitals, manufactories, and garrisons. It generally commences in the form of large pustules, a little flattened, surrounded by reddish areolæ, which are converted into grey or yellow crusts. These pustules are sometimes vesicular, and some of them resemble the false vaccine. In general, however, they are the size of a small pea, and contain a purulent or opaque fluid, resembling that of small pox.

The pustules of P. Crustacea, have a slow march, and leave a permanent mark on the skin, but not a cicatrix. The itching occasioned by these pustules is of a burning character, from the beginning, and resembles that attendant on erysipelas. The skin is tense; and the itching almost entirely ceases when the crusts become quite desiccated. This species of psoris is often developed without being productive of any disagreeable sensation. The circumstance of the pruritus going off, when the pustules have arrived at a state of maturity, is a distinction between this disease and scabies. The individuals on whom this eruption appears, are generally of a cachectic and scorbutic habit, and the cutaneous surface pale and relaxed.

Sometimes the psoris crustacea is only a temporary evil; but at other times it is a permanent malady, or at least liable to very frequent relapses. In such cases the skin becomes indurated and rugous. The patients generally enjoy good health in other respects, especially if the psoris is not of the acute kind Five cases are given in illustration; but they need not be detailed in this place.

Warm baths constitute the basis of the treatment, both in the crustaceous and papular forms of the disease. The baths should be used as detersives of the skin, and as the means of allaying irritation

on the surface. Sometimes to excite gently, without irritating, emollient vapour-baths may be useful. As to internal remedies, they must vary according to the state of the health, and the causes which have given origin to the malady. Sulphureous lotions have always, in M. Alibert's experience, tended to exasperate the cutaneous irritation. The alkaline baths, as those of PLOMBIERES, are infinitely more useful for the papular psoris. Ointments, also, composed of the various precipitates of mercury, have proved very serviceable in M. Alibert's hands, especially for the pedicular eruption. The regimen should, in all cases, be extremely rigid. All heating, spicy, salt aliment, should be entirely proscribed.—*Bibliotheque, Janvier*, 1827.

8. BALSAM COPAIBA AND CUBEBS, BY ENEMA.
(Hôpital de la Faculté.)

During the last six months of 1826, M. Velpeau has tested the effects of balsam copaiba, administered by enema, in twenty or thirty cases of gonorrhœa, under the direction of M. Roux, in the hospital abovementioned. Five of these patients were females, and all these were speedily and effectually cured. Eight cases are given at length. The results are, that the balsam administered in the above manner, diminishes considerably the discharge in almost all cases; and, in the great majority, cures the disease completely in three, four, or more days. M. Velpeau begins with two drachms of the balsam, suspended by means of yolk of egg, in four ounces of any bland fluid, as decoction of mallows, or gum-water; and augments the dose. The second day he doubles the quantity—the third day exhibits six drachms—the fourth eight, if the discharge continues rebellious. Some opium, in solution, is added, in order to tranquillize the rectum, and enable the patient to retain the injection, which ought to be kept in an hour or two, or till it is absorbed, if possible. Camphor was occasionally added, where the chordee was troublesome. The pipe of the syringe should be well greased, and the injection should be thrown up so as not to irritate the sphincter—that part being endued with more sensibility than higher up in the gut.

Sometimes the patient experiences no particular sensation, and retains the medicine without the least difficulty. At other times colick is produced, and the patient is unable to resist the propensity to evacuate the rectum. Sometimes the inconvenience is only temporary, and soon subsides. In very few instances was there nausea, or any general disturbance of the system. In most cases, there is produced some heat in the region of the prostate gland, and along the urethra, with sense of weight in the perineum. In one case only, some febrile symptoms were kindled up, and they appeared to be independent of the injection.

In this place, M. Velpeau relates a case which occurred under M. Bretonneau, of Tours, and which deserves notice. A young woman, after an accouchement, became affected with a large abscess in the

iliac fossa, and in front of the pelvis—an abscess which opened into the bladder, the matter was discharged by the urethra in large quantities. The patient was rapidly sinking from the discharge, when M. Bretonneau exhibited, by lavements, two drachms of the balsam of copaiba in decoction of cinchona. By this practice, the quantity of matter was quickly lessened—the cavity of the abscess healed, and the patient got well.

We are now attending a man residing in Holborn, who had inflammation in the left iliac fossa, which terminated in abscess, the matter finding its way both into the bladder and rectum. The quantity is considerable, and the poor fellow is likely to sink, there being great irritability of the whole alimentary canal, and inability to take or retain food.

M. Bretonneau has employed the same mode of administering the copaiba, with success, in several cases of chronic bronchitis, accompanied by expectoration of pus, and where the patients were considered as affected with phthisis.

Finally, as we know how few individuals can bear the balsam of copaiba in the stomach, without such inconvenience as sets them completely against the remedy, we conceive that the mode here pointed out, of exhibiting this nauseous drug, will be a point gained in therapeutics. It remains to be proved, whether or not the extract of copaiba, as introduced to the profession by Mr. Thorn, will supersede the rougher form of the fluid balsam.

CUBEBS.

This substance was tried in lavements, in doses of six or eight drachms, upon three or four patients. In one case it was completely successful, in a very rapid manner, though the gonorrhœa had continued a month. In the other cases, its effects were not satisfactorily ascertained when the paper was put to press. We have not found the cubebs disagree with the stomach so much as M. Velpeau represents it to have done with our Gallic neighbours.

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9. INJURIES OF THE HEAD.

(Middlesex Hospital.)

In the April Number of the Medical and Physical Journal, a series of cases is reported from the practice of Messrs. Bell, Joberns, and Shaw, illustrating the effects and treatment of concussion, fracture, &c. of the brain and skull. We shall glance rapidly at some of these.

Case 1. In this case, an Irish labourer was brought into the hospital, with all the symptoms of deep apoplexy. It was discovered that, a fortnight previously, he had been knocked down by his wife in a public house, the blow being through the medium of a half-gallon tin can. Being conveyed home, he recovered so far, in a few days, as to re-commence his usual avocations. But violent pain in the head obliged him to give up work—and in a week or ten days after this, he was conveyed to the hospital in the above-mentioned condition. On examination, there was found a wound

on the forehead, under which was a portion of skull denuded and apparently dead. The process of exfoliation had commenced. The case was hopeless; but, as there were evident symptoms of oppressed brain, the only chance appeared to rest in removal of the dead bone, with the view of giving exit to any extravasation beneath. The trephine was so applied as to take in the dead bone. The patient evinced no sign of sensibility during the operation. The dura mater was slightly discoloured, and covered with sero-purulent fluid. The portion of bone removed was dead. Oiled lint was applied to the dura mater, and the integuments laid over. The man died in three hours.

On dissection, there was found a large quantity of serous fluid in the ventricles—an abscess in the right hemisphere of the cerebrum, immediately beneath the dead portion of bone—a softening of the brain in the neighbourhood of the abscess, exhibiting spots of extravasated blood.

Case 2. This was a boy, 13 years of age, received into hospital on the 26th June, having experienced a kick of a horse on one of his temples. There was a large wound, and, when the finger was introduced, the skull was found to be fractured, the fracture crossing the coronal suture, and thus involving the frontal and right parietal bones. There was depression of a portion of bone, a quarter of an inch below the level of the other bones. The dura mater was ruptured, as shown by discharge of brain and blood from the wound. It was found impracticable to raise the depressed bone, without trephining; and as the boy was quite sensible—roared loudly—had a strong pulse, &c. it was determined to let the depression remain. The head was shaved, and cold lotions applied—aperient medicine was given. 27th, Passed quietly. 28th. Head-ache—dull countenance—drooping of the upper eyelids—tongue dry—skin hot. *Venesection—salts—antimony.* 29th. The antiphlogistics of yesterday produced the best effects. All the bad symptoms are gone. Discharge of brain continues. On July 2d, he was again bled. 3d. A pulsating brain-like tumour protruding from the wound, resembling an incipient fungus cerebri. 6th. The protrusion has now assumed all the characters of fungus cerebri. The pupils are dilated—skin hot and dry—pulse quick and cordy—somnolency. Simple dressing and slight pressure applied to the fungus. 8th. The patient is incoherent—pupils dilated—pulse slow and intermitting. 10th. Restless and noisy. Tore the dressings from his head. Leeches applied to the temples. He was quieter during the 11th; but, on the 12th, the report was not favourable. He passes his urine and fæces in bed—pulse 55 and intermitting. Had small doses of calomel and antimony ter die. No increase of the fungus since the pressure was applied. 14th. The fungus is sloughing, and no disposition to fresh protrusion—is less comatose. 17th. No longer passes the urine and fæces unconsciously—large discharge of pus from the wound. From this time the boy improved rapidly; but he was detained in the hospital for several months, on account of an exfoliation of bone. The original depression continued when he left the hospital.

Cases 3 *and* 4. Two cases of compound fracture of the cranium are next related by Messrs. Bell and Shaw. The first was a boy, only five years of age, who fell into a cellar, where he remained senseless for some time. There was found a small wound of the scalp, and a fracture of the bone underneath, extending in the direction of the squamous suture, and occupying a long sweep. One portion (the upper) of the bone was depressed, and, in fact, a great part of one side of the child's skull was beaten in. The little patient laboured under the usual symptoms of concussion—as cold skin—small pulse—vomiting, &c. Cold was applied to the head. In the evening re-action ensued—and leeching and purgation were employed. 2*d day*. The re-action has subsided; but the marks of violent commotion of the brain remain. The vomiting continues. On the 4th day, there was intolerantia lucis, and leeches were applied to the head—saline draughts, with antimony and opium. No unfavourable symptom occurred after this. The wound suppurated in the whole length of the fracture, and large quantities of matter were discharged. A small scale of bone was thrown off, and the child was ultimately sent out of hospital cured.

The other case was under Mr. Shaw. A female child, 4 years of age, had fallen from a considerable height, and was picked up senseless. A wound of the scalp, over the coronal suture, was the consequence, with fracture of the skull beneath, and also depression of the bone, to the extent of an inch in length. No unfavourable symptom was present. The wound was dressed with adhesive plaster, and the case went on well. Some slight inflammatory symptoms were easily controlled by calomel, antimony, and purgatives.

The reporters remark, that "the foregoing cases may be regarded as good examples of the little interference required on the part of the surgeon in elevating depressions of the skull *in children*." We do not conceive that these cases detract from the *general rule*, which recommends the interference of art in compound fractures of the skull. It is very true that, in the above juvenile patients, all went on well. But, had bad symptoms come on, the operation could not have been performed when the parts had once inflamed. In adults, the termination would probably have been very different.

10. HOSPITAL REPORT FOR LAST QUARTER OF 1826.

[Hôtel Dieu.]

M. Martinet is the reporter for the wards of Professor Recamier. The mortality this quarter, in acute diseases, was about one in nine; while, of the chronic cases, one in four fell victims.

1. *Intermittent Fevers.* Several of these were extremely obstinate, and stoutly rebelled against every kind of treatment—a circumstance which has long ago induced M. Recamier to believe that many cases of ague require a certain period to run, before they can be safely stopped. In one case, there was complete want of success, and the patient left the hospital uncured. In this instance, among

other means used, injections of two scruples of camphor with two grains of opium were given during the apyrexia. The ensuing paroxysm was prevented; but the succeeding attacks went on uninterrupted by any means that could be employed. In another obstinate case, the camphor lavement was followed by violent colicky pains, vomiting, and spasms. The cold stage of the succeeding attack was prevented; but not the hot and sweating stages. In some cases, after all methods of treatment had failed, the patients were left to themselves, and got well without any medicine!

2. *Intermittent Nasal Hæmorrhage.* Passing over the report on cerebral affections, which presents nothing particular, we come to a remarkable case of periodical epistaxis. The patient was a young man, 28 years of age, a ship-painter, who had been occasionally subject to nasal hæmorrhage from his youth, especially in the summer time. These epistaxes, however, were very moderate. In the month of August, 1826, the patient contracted a gonorrhœa, which was stopped by some internal medicine; after which, sores broke out around the glans penis. For these he took the hydrargyri oxymurias till the beginning of December. There was no nasal hæmorrhage from the time the gonorrhœa took place till the 18th December, when epistaxis occurred, without any evident cause, and lasted three hours, with considerable loss of blood. 19th. The bleeding returned, but it was not so great as on the preceding day. In the evening it again recurred, and he lost half a pint of blood. During the next two days, the epistaxis took place regularly mornings and evenings. He was, therefore, conducted to the Hôtel Dieu on the 22d December. On that evening he had a considerable hæmorrhage, the blood being covered with buff, and very firm. 23d. The man complains of no pain in any part of his body. His skin is pale, and inclining to yellow. Says he is extremely weak—pulse small and quick. M. Recamier, struck with the periodical character of the epistaxis, prescribed the sulphate of quinine, with some opium. But the hæmorrhage returned at 7 in the evening, and the patient lost about half a pint of blood. 24th. Return of the hæmorrhage in the morning. The nostrils were now plugged in the usual manner. No return of hæmorrhage in the evening. 25th. There was a slight disposition to bleed, which was checked by the application of some more charpee. 26th. The fetor was considerable from the plugged nostrils, and the hydrochlorate of lime, in lotion, was employed, and answered the object completely. On the 31st December, the plugs were removed. On the 4th, 7th, 10th, 11th, and 12th Jan. there were slight returns of the epistaxis, after which, the patient remained free from complaint, except debility.

3. *Hickup, lasting 12 days.* An African, named Alcinor, aged 40 years, and usually enjoying good health, had had an attack of hickup twelve years ago, which was cured by Hoffman's liquor. On the 30th November, 1826, he was seized, without apparent cause, with a rigor, which was soon accompanied by dyspnœa and hickup. The

breathing became more and more difficult—the hickup persisted, and was almost uninterrupted. There was no fever. On the 1st, 2d, and 3d December, the symptoms increased in violence, and on the fifth, in the evening, he was brought to the Hôtel Dieu. The sense of suffocation was now extreme. Sinapisms were applied to the feet, but produced no relief. He passed the night without sleep. 6th. He was accurately examined by M. Recamier and others, when the following symptoms were noted. Dyspnœa considerable—constant hickup for five or six minutes, and then a short interval of repose, when the hickup again returns. The patient cannot lie on either side, on account of the dyspnœa. He sits up constantly. Examined by the stethoscope, it was found that in the act of hickuping, no air entered the air-cells of the lungs; but in the intervals, there was a free permeation throughout the respiratory organ. Percussion did not elicit any thing abnormal in the chest. There was some cough, with trifling expectoration. The heart's action was regular—pulse full and frequent—tongue moist and white—no tenderness of epigastrium on pressure—skin cool—countenance indicative of anxiety. Hickup and dyspnœa continue. *Hydrocyanic acid —cupping glasses to the epigastrium.*

7th. The difficulty of breathing is increased, and the hickup aggravated in intensity. The countenance is changed—the upper extremities cold—pulse very quick. Percussion and auscultation gave the same results as yesterday. He was bled copiously. the blood was but little buffed, but very dense. He experienced relief after the bleeding. He took ether, ammonia, and laudanum. No sleep that night. 8th. Diminution of the hickup—respiration more free —expectoration easier—pulse nearly natural. The same medicines continued. By the 11th the hickup and dyspnœa had entirely disappeared; but some symptoms indicative of thoracic inflammation continued for nearly a month, requiring blisters and other remedies for its removal.

4. *Articular Rheumatism.* M. Recamier thinks that the power of medicine over the course of this disease is much less than practitioners imagine. Thus, when we have driven the enemy from a joint, by means of leeches, diaphoretics, purgatives, and other medications, we have often the same enemy to combat in another part, and all our labour to go over again! That the principal seat of articular rheumatism is in the synovial membranes, there can be no doubt; but the peculiar propensity which the inflammation evinces, for shifting its seat from joint to joint, is beyond our power to explain. The reduction of the inflammation in its apparent head quarters, is no proof that we have subdued the rheumatic diathesis; and in this the disease differs materially from common inflammations of other parts. The authors of this report tried the system of depletion, local and general, in its fullest extent, without deriving any very encouraging benefits from the plan. Leeches, it is true, frequently relieve the joint or part to which they are applied, for a time, but the rheumatism returns either there, or in some other joint. Dover's powder was given in most cases. Some had perspiration,

in consequence of it—others experienced no other effect than what might be expected from the opium contained in the preparation. If rheumatism, indeed, was to be cured by perspiration, there is plenty of that, in general, spontaneously produced. The reporters, however, do not mean to deny that medicine has any good effect in rheumatism. They think they have seen several cases where the cure was expedited by art. M. Recamier, being so often disappointed by other means, tried the oil of turpentine in rheumatic inflammation. Two patients out of six were relieved by the medicine; but the others experienced little or no benefit. The report terminates with the details of a case of severe sciatica, where the oil unequivocally effected a cure, after all other means had failed.

Case. A man, 38 years of age, had suffered during three months, with sciatica of the right thigh and leg, which had come on suddenly, and resisted every remedy which had been employed for its removal. He came into the HÔTEL DIEU, on the 4th December. The pain, which was of a lancinating character, extended from the ischiatic notch to the ankle, and even to the great toe, following the course of the sciatic nerve. The pain was constant, but generally had two daily exacerbations—at noon, and in the evening. Pressure produced no mitigation of the pain, nor did it increase it. The appetite was good. Two drachms of the oil of turpentine were mixed with four ounces of honey, and the patient was ordered to take three spoonfuls of the mixture daily. Three days passed without any alteration in the complaint. The nights were spent without sleep, in consequence of the excessive pain. No effect was produced on the intestinal canal, kidneys, or other parts, by the turpentine. On the 7th, the pains being still undiminished, the medicine acted on the bowels, and produced heat in the abdomen, with some perspiration on the skin. On the 8th, the quantity of turpentine was increased to three drachms in the mixture. The patient felt heat in the stomach extending to the thighs, especially to the right thigh, with increase of urine, perspiration over the abdomen, and three stools. On the 9th and 10th the amendment was unequivocal. The patient felt great heat in the right thigh, which was covered with perspiration, though the skin felt cold to the hand of another. The left lower extremity was also covered with sweat, and the skin of that member felt warm. The urine was copious. The medicine continued. On the 11th, the patient was able to walk about the wards, almost completely free from pain. He slept soundly that night. He was considered as perfectly cured on the 12th; but the medicine was continued till the 23d December. He was discharged from the Hospital on the 28th, cured.

Another patient who came into the hospital the day the above patient was discharged, and who had a double sciatica, complicated with colica pictonum, was cured in a few days by the same remedy. *Revue Medicale, February.*

The oil of turpentine is a very disagreeable medicine to take.

We have exhibited it to one patient, since we read the above report, mixed with honey, and find that it is one of the best and easiest modes of administering the turpentine. It was for melena, and the patient had a speedy recovery from the complaint.

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11. HYPERTROPHIA OF THE HEART.

[M. Broussais—Val de Grace.]

In the January number of M. Broussais' Journal, there are four cases of cardiac aneurism recorded, from the wards of the VAL DE GRACE; and it is worthy of notice that, in all of these cases, there was enlargement of the liver—in three of them the enlargement was tangible below the false ribs. We do not look on these combinations as always accidental—nor do we agree with the illustrious professor that, in the cases which he records, the hepatic enlargement was *caused* by the cardiac disease. From long attention to this subject, we are induced to think that the hepatic hypertrophy is often the cause rather than the consequence of the enlargement of the heart. We shall only glance at the first case, which, we think, will tend to bear us out in the above opinion.

John Parot, aged 56 years, a sub-officer, of sedentary habits, reported that he had been ill for six months, two of which had been spent in the hospital, before M. Broussais took charge of that ward. "*The disease had commenced with pain in the epigastrium, stretching down towards the loins, augmented by walking, and incommoding the patient when attempting to go up stairs.*" He averred that he had previously enjoyed good health, except some symptoms of indigestion. On the 1st November, 1826, when M. Broussais took charge, the patient presented the following symptoms:—decubitus difficilis—pulse frequent, full, and strong—undulatory movements in the jugular veins—contractions of the heart strong, over a large space, audible to the by-standers, without any particular noise, but more sonorous to the right than to the left. Infiltrations had commenced in the lower extremities—the eyes were yellow, as was the face, which was somewhat swelled and puffy—a tumour in the epigastric region extending to the right side, and apparently an enlargement of the liver. It was evident to M. Broussais, that the disease was beyond the power of medicine, and only temporizing measures were employed. He died suddenly on the 25th of the same month.

Dissection. The heart was extremely dilated and hypertrophied on both sides. It was at least double its natural size. The parietes of the left ventricle were more than an inch in thickness. The liver was so enlarged as to reach below the false ribs; but its structure was not otherwise different from that of health, than being redder than natural.—There was no other disease.

From the following sentence it is evident that M. Broussais looked upon the hepatic enlargement as the *consequence* of the cardiac disease. "Le volume du foie ne devait point étonner chez un suget où la circulation se faisait *difficilement* à travers le cœur." In active

aneurism of the heart, we do not see any evidence of difficulty of transmission of blood through the central organ of the circulation. On the contrary, we conceive that the circulation is much too energetically carried on through the heart;—and that this very overpowering force of the circulation is the cause of many other evils, as apoplexy, serous effusions, &c.

12. NERVES OF SENSE AND NERVES OF MOTION.

[Regimental Hospital, Dragoon Guards.)

The frequent occurrence of paralysis without loss of feeling, and of insensibility of the skin, without loss of muscular power, has long attracted notice; but it is to the experiments of Bell and Magendie that we owe the proofs of there being separate nerves for the two functions of sense and motion. Mr. Broughton, the talented surgeon of the 2d regiment of Life Guards, has lately published four or five examples of this distinction, as verified by the phenomena occurring in the living body. These were briefly as follows.

1. The first case was that of a young dragoon farrier, who came into the regimental hospital, with pain in the head and limbs, and some febrile symptoms, for which purgative medicines were prescribed. Two days afterwards, it was found that the man's speech was indistinct, and that he had some difficulty in adjusting the muscles of the face and mouth. The voluntary muscles of the limbs were in possession of their natural power; but the integuments of the left side of the body, from head to foot, had lost their sensibility so much, that a pin might be thrust into them without producing any sensation. The head was now leeched and blistered, and the bowels were freely purged. By these means the pain in the head and the febrile symptoms were removed, but the sensibility did not entirely return for some weeks.

2. The second patient was addicted to inebriety, and entered the hospital for an attack of pain in the head, succeeded by loss of power in the upper and lower extremities of one side, while the sensibility was perfect. There were other symptoms of cerebral affection, as giddiness, slight distortion of the facial muscles, and impediment of speech. Purgation alone removed all the symptoms, except the loss of power in the muscles, which continued, more or less, until the man was sent as a pensioner to Chelsea.

3. A trooper, 30 years of age, was seized, while on guard, with giddiness and pain in the head, the tongue being furred and the bowels costive. He had the use of his limbs, but the integuments of the left side were insensible. The pulse being full, and up to 90, he was bled and purged freely, and then took a course of mercurial alteratives and aperients. With the improvement of his general health the sensibility of the skin returned.

4. The patient, in this instance, was seized with loss of motion in the right side of the body, with slight numbness in the face, and difficulty of adjusting the facial muscles. Sensibility was not impaired. The hepatic secretion was locked up, and the digestive organs

disordered. The warm bath and mercurial purgatives were administered, and leeches were applied to the temples. It was a good while before this man was restored to health.

These cases are curious in a physiological point of view, and corroborate the experiments made to determine the distinct origins of the nerves for sense and of those for motion.—*Med. and Phys. Journal.*

13. MERCURIAL FRICTIONS IN PUERPERAL PERITONITIS.*
[M. Velpeau—Hosp. de Perfection.]

It is quite a startling thing to see such a title as the above, at the head of a Parisian Hospital Report. Mercury in Peritonitis! This is a revolution in French practice, which we never expected to see; but so it is, and our readers will be anxious to learn the results.

M. Velpeau, after remarking that all authors are agreed respecting the fatality of the disease under consideration, proceeds to extract passages from Willis, Sauvages, Burserius, Frank, and numerous orher writers on puerperal fever. His own experience confirms the melancholy reports of others:—thus in the hospital of Tours he saw eight women die of this disease—in the wards of the Hospice de Perfect. thirty—in private practice, nine—while, all this time, only *two* were saved, though the antiphlogistic treatment was energetically employed! M. Velpeau deplores the miserable feelings of the medical practitioner, when obliged to witness the inefficacy of his art against such a destructive malady. The various modes of treatment recommended by Denman, Leake, Gordon, Butter, Manning, Walsh, Hulme, Clarke, Hull, Hamilton, Armstrong, Brennan, and Sutton, were all tried—and all failed. The principles and practice of Broussais were considered to be peculiarly adapted to this disease—but the leeches failed equally with general blood-letting. It was not till after he had seen forty or fifty patients die of puerperal peritonitis, in spite of from 50 to 200 leeches on the abdomen, with all other means to boot, that our author concluded in his own mind, that the disease, once established, was rarely bettered, but often rendered worse by blood-letting, whether general or local.

Mercurial frictions, so strongly recommended by the surgeon of the public hospital of Antwerp, now only remained; but it was determined to use this remedy only as an auxiliary to blood-letting. Accordingly, in the year 1824, M. Bourgon and our author put this plan into execution, as will be seen by the following cases.

Case 1. A young woman, 21 years of age, was admitted into the hospital on the 29th November, 1824, having been 12 hours under labour-pains. The labour went on for upwards of 12 hours more, without any prospect of delivery, although the os uteri was

* Sur l'Emploi des Frictions Mercuriales dans le Traitement de la Peritonite des Femmes en Couches. (Clinique de l'Hospice de Perfectionnement.) Par M. Alf. Velpeau.—*Revue Med. Janvier*, 1827.

widely dilated, and the head pretty low. The forceps were therefore applied, and the child delivered. The milk-fever took place on the 2d December, and on the 3d the patient felt herself remarkably well. On the 5th, at three o'clock, she had some altercation with her parents, and at five, was seized with a rigor, succeeded by violent pains over the abdomen. Twelve ounces of blood were taken from the arm, and 40 leeches were applied to the abdomen. 6th, The abdomen is distended and very painful throughout, especially at the epigastrium—pulse small and hard—30 leeches. At ten in the evening, an exacerbation, vomiting, flushings of the cheeks. Venesection to eight ounces—30 leeches to the abdomen. 7th, This morning, there is great prostration, delirium, constant nausea, thready pulse, abdomen greatly distended. Sanguineous evacuations could no longer be employed, and a fatal termination was indeed apparently approaching. Nevertheless, at ten o'clock at night, four drachms of mercurial ointment were rubbed over the abdomen. She died at midnight.

On dissection, there was found a considerable effusion into the peritoneal cavity—inflammation with suppuration of the uterus, fallopian tubes, ovaries, &c.

If any thing could demonstrate the inefficacy of sanguineous depletion, in this terrible disease, the above case was calculated to do so. The trial of the mercurial frictions was nugatory; for who could expect to re-animate, by any means, a patient in the agonies of death, from internal disorganization? But M. Bourgon had not courage to try the mercurial plan again, and four new victims fell before the malady, when M. Roux took charge of the Clinique. This gentleman's attention was excited by the following case.

Case 2. A female, who was supposed to be pregnant, was seized with the usual symptoms of acute peritonitis. Recourse was had to frictions of two drachms of mercurial ointment on the thighs, twice a day. The woman was cured in a very few days. M. Roux determined now to employ these frictions immediately after the first bleedings, in puerperal peritonitis. An opportunity soon occurred for the trial.

Case 3. An unmarried female, 28 years of age, of previous good health, was confined of her second child, at the Hospital, on the 20th January, 1826. The labour lasted fifteen hours, and then terminated without any accident. On the 4th day, the milk febricula took place, and continued on the fifth, but without any tension or tenderness of the abdomen. During the next two days the patient went on better; but on the evening of the 7th, without any appreciable cause, she was seized with a violent rigor, and severe pains in the region of the uterus, with great fever. *Forty leeches to the hypogastrium.* 9th, The pains and fever are diminished—skin moist—diarrhœa. 10th, The pulse nearly natural, and the abdomen scarcely sensible to pressure; but, at six in the evening, the pains and the fever re-appeared. 30 *leeches to the most painful points.* 11th, The abdominal pain was diffused over a great space—the

patient is extremely weak, and sanguineous emissions appear incompatible with her safety. *Fomentations.* At five in the afternoon, she considered herself better, and was placed on a sofa while the bed was made. Half an hour afterwards, she experienced a violent shiver, and at 5 o'clock the fever was very strong, the pain occupying the whole of the right side of the abdomen, and even up along the thorax to the neck, with difficulty of breathing. (Fomentations.) 12th, The whole abdomen is tense and painful. *Mercurial frictions every three hours.* After the third friction, at nine in the evening, there was a sensible amelioration of the symptoms—the fever considerably subsided. At 11 o'clock, there was a copious perspiration, and the abdomen is much softer. 13th, The pains are almost entirely gone, and the fever has disappeared. She begins to feel a coppery taste in her mouth, and the saliva begins to flow. Only one drachm of mercurial ointment is now rubbed in every four hours. In the evening, the convalescence had commenced, and next day, (14th) the frictions were discontinued. She speedily recovered.

The authors do not wish the public to attach more credit to the mercurial frictions, in this case, than they think fit; but they can say, that all those who witnessed the proceedings, were of opinion that, without this remedy, the patient would have died. At all events, the case afforded fair grounds for farther trial of the measure.

Case 4. Miss Le R——, aged 19, of delicate nervous constitution, was taken in labour of her first child, on the 22d March, 1826, having suffered considerable pain in the hypogastric region for a few days previously. Delivery took place the same evening, without accident. 23d, The patient was so well that her friends gave her nourishment, and even took her out into a chair, while her bed was made. 24th, There was fever last night, and pains occurred all over the abdomen. These symptoms, however, partly subsided in the course of the day. 25th, The milk-fever took place, and the lochia continue to flow. 26th, The breasts are swelled and painful, and the fever continues, with pains in the hypogastrium and diarrhœa. 27th, All these symptoms are aggravated—face yellowish, pulse hard, frequent, and strong—belly hot and painful, especially in the right iliac region. 30 *leeches to the abdomen.* 28th, The pain occupies the whole of the belly, which is greatly increased in size since the application of the leeches. Every liquid that is taken causes nausea and even vomiting—pulse small and frequent—face covered with clammy perspiration—alæ nasi work much—features shrunk—debility extreme—fæces pass off involuntarily—in short, every thing announced a speedy death. *Two drachms of mercurial ointment to be rubbed over the abdomen every two hours, and after the second friction, every three hours.* Mercurial action soon appeared in the mouth, and the frictions were only used six times. The symptoms were greatly mitigated that night. 29th, The diarrhœa is less troublesome—the patient slept some last night. The skin is moist, and the abdomen bears pressure without inconvenience—pulse soft, and 90 in the minute. *Three frictions*

prescribed with four hours interval between each. 30th, Only two frictions were used. The patient last night threw herself into a most violent rage because she was denied wine and animal food. The countenance is now calm—pulse 80—can lie on either side—four stools—the skin is hot and dry. Pains have returned in the right iliac region. *Three frictions, of two drachms each.* These were carefully performed, and, in the evening, the pain of the abdomen had ceased, and pressure was borne without wincing. Perspiration obtains. The countenance, however, is flushed, and the pulse is feverish. The mouth being sore, the frictions are stopped. 31st, No pain in the abdomen, which is perfectly supple—pulse natural—countenance pale, but calm—appetite returned. Some broth allowed. *April* 1. The diarrhœa had ceased, and the patient is sitting up convalescent. The mouth is still very sore. 2d, Continues very well—there is some diarrhœa, from imprudence in diet, and from taking wine and oranges. 3d, The convalescence is established. Light food allowed. 4th, The patient, who was a most imperious vixen, got up and, in spite of all remonstrance, ate a hearty meal, with plenty of wine! The pulse was now small and wiry, skin hot, diarrhœa troublesome—chest painful—breathing short. Notwithstanding these symptoms, the patient could not be kept from excesses in food and wine. 5th, The abdomen was quite supple, and void of pain on pressure. But she was delirious—respiration short and quick—pulse almost imperceptible. She died in the evening. Leave could not be obtained to examine the body.

Our authors are confident, and with reason, that the patient's death was in no way connected with the abdominal inflammation, which had evidently subsided under the mercurial influence. They are also convinced that had it not been for the mercurial frictions, death would have taken place in 24 hours from the time of their first application. Their hopes were now still farther encouraged in the use of the remedy, from the trials already made.

Case 5. A young unmarried woman, aged 23 years, of weak constitution, but hitherto enjoying good health, was admitted into the hospital on the 30th September, 1826, in actual labour, which terminated in safe delivery ten hours afterwards. In a few hours after the birth of the child, the patient was seized with a most violent rigor. Fever followed, with slight uterine pains, and pain extending over the abdomen. *October 1st.* Last night was passed without sleep—belly painful, and tender on pressure, especially towards the groins—pulse full, frequent, and hard—skin hot and dry—lochia almost entirely suppressed—belly very painful, independent of pressure. 40 *leeches.* 2d, The bites bled all night—belly less sensible on pressure, but is much more tumefied, and the pain more generally diffused—pulse feeble, but less frequent—lochia have not re-appeared. The debility is now too great, and the pain too much diffused, to warrant the re-application of leeches. At mid-day, a violent rigor, acute pains in the abdomen, nausea, pale countenance, small pulse—great tendency to syncope, from the loss of

blood by the leech-bites. *Two drachms of mercurial ointment to be rubbed over the abdomen every three hours.* There was great difficulty in effecting the first friction, in consequence of the tenderness of the abdomen. The second friction was better supported, and, even then, the symptoms appeared somewhat mitigated. The countenance, however, continued sunk, and the nausea distressing. The skin began to relax a little. Before the third friction was employed, a coppery taste was felt in the mouth, which this third friction augmented, even to slight ptyalism. 3d. The patient is better in all respects. Mouth very sore, and gums greatly swelled. To stop the frictions. From this time she rapidly recovered, and convalescence was complete on the 6th. She was discharged the hospital on the 17th October.

Case 6. Pichard, aged 21 years, of sound constitution, was admitted into the hospital on the 18th of October, 1826, having been some hours in labour. She was not delivered till five o'clock in the morning of the 23d, but then naturally and without any accident. 24th. Had sharp pains in the belly last night—fever to-day, with hot skin and full pulse. Five o'clock in the evening, the abdominal pain very acute—fever very strong. *Venesection to 12 ounces.* Nine in the evening, no amelioration. 40 *leeches to the abdomen.* 25th. The pain extends over the whole abdomen—constant nausea—restlessness—extreme agitation—excessive debility. 30 *leeches.* Six o'clock in the evening; vomiting—great agitation—abdomen tumid—countenance exsanguious—pulse very small—the leech-bites still bleeding. Between this and ten o'clock she had shiverings—excessive abdominal pain—belly greatly distended. *Two drachms of mercurial ointment in friction every three hours.* After the first friction the pain was mitigated, but the nausea and retchings continued. After the third friction the patient had some sleep. 26th. Lies on one side semi-bent—abdomen softer, and painful only on pressure. *Another mercurial friction.* Mouth not affected. In the evening, the pain returned in the iliac regions—pulse small—violent shiverings, like the first stage of an ague—at eight o'clock, perspiration—inability to lie on the side—abdomen painful throughout. *Another mercurial friction.* 27th. A shivering fit at seven this morning—features shrunk—some nausea—abdomen rather less sensible—at eight in the evening, some moisture on the skin. *Warm bath.* At midnight, had the rigors again—at five in the morning, a violent shivering—abdominal pains greatly augmented—slight delirium—at six o'clock perspiration. At seven in the morning, screamings—great restlessness. *Three frictions had been used in the course of the night.* 28th. A little more calm this morning—pulse better—abdomen softer, but still painful. *Mercurial friction—two grains of calomel every two hours.* She continued better through the day; but in the evening the shiverings returned, with some nausea and slight delirium—abdomen very tender. 29th, Decubitus lateralis—abdomen soft, not tender even on strong pressure—tongue cleaning—mouth beginning to be sore:—warm bath—to stop the mercurials. In the evening, a rigor stronger than any which had preceded—

diarrhœa—some sleep in the night. 30th, The abdomen is again tense and painful. At mid-day, all the symptoms assumed a dangerous aspect, and at midnight she sunk.

Dissection.—In the head and chest every thing was sound. The mucous membrane of the stomach and bowels was pale throughout. There was an effusion of yellowish serum to the amount of about two pints in the abdomen—the uterus was in a state of suppuration, both on the inside, and in the parietes of the organ. The ovarian veins were full of pus, forming two cords as large each as the finger, "extending from the sides of the uterus to the emulgent veins."

Case 7. Mary D——, aged 25 years, strong and of large stature, was taken in labour of her second child, on the 18th November, at four in the afternoon. She was received into the hospital on the same night, and safely delivered the next evening. 20th, The patient is very comfortable; but, at six in the evening, she was seized with a rigor, acute pain in the hypogastrium, and soon after throughout the whole abdomen. *Bled to* 15 *ounces.* The pain augmenting, *sixty leeches were applied at midnight over the abdomen.* At two in the morning, the abdomen was distended—frequent nausea—general pain over the abdomen. 21st, The leech-bites are still bleeding—abdominal meteorism still considerable—pains very acute—face pale—features shrunk—breathing short—pulse small, irregular—constant tendency to syncope—lochia suppressed—the least motion or pressure caused violent pain in the abdomen. It seemed unlikely that she would live through the day. *Mercurial frictions every two or three hours.* At five in the evening, the abdominal pains are less acute—pulse and countenance improved. 22nd, The abdomen, though much distended, is softer, and less tender on pressure—the nausea continues—cheeks of a purple colour. *The frictions continued.* In the evening, vomiting of greenish matters, but, in all other respects, she is better. 23rd, The nausea has ceased—the abdomen is still softer and less painful than yesterday—diarrhœa. In the night she complained of violent pain in the left lower extremity. 24th, Considerably better—no pain whatever in the abdomen, even on pressure—the belly much diminished in size—pulse nearly natural—mouth not affected by the mercury. 25th, Two mercurial frictions have been made during the last 24 hours—symptoms of peritonitis have re-appeared—frictions continued—in the night an abundant perspiration. 26th, Much better—the left lower extremity still painful and swelled. This day the mercurial frictions were irregularly performed—in the evening, acute pain in the right groin—an abscess forming in the calf of the left leg—15 leeches to the part inflamed—the frictions are made on the thighs, as the skin of the abdomen is tender. 27th, The night was calm, but without sleep—the abdomen is rather hard and distended—no diarrhœa—pulse small and irregular—features contracted. She sunk at four o'clock on the morning of the 28th.

Dissection. Slight traces of inflammation in the chest—about a pint of serous effusion, with albuminous flocculi, in the abdomen—

the uterus was about the size of a child's head, its internal surface being lined by a layer of albuminous and putrid-looking matter, of a black colour—parietes of the uterus contained numerous purulent depôts, and many of the uterine veins were filled with pus. All other internal parts were sound.

Such are the facts which our authors have laid before their brethren—concealing none of the failures, while portraying what they conceive to be evidence in favour of the treatment now recommended for trial in this fatal malady.

The remarks which they have appended to this paper, relate chiefly to the sixth and seventh cases. They fairly own that they believe the principal cause of want of success, was owing to their not pushing the mercurial frictions far enough, or keeping them up with vigour adequate to the urgency of the danger. They are quite satisfied, and think it must be evident to all, that the sanguineous depletion totally failed in these cases, if it did not occasion actual harm; while the mercurial frictions always mitigated the abdominal pain and tension, and, on more than one occasion, seemed to place the patients out of actual danger. They are free to confess that it is probable the utility of the frictions may be increased by combining with it the internal use of calomel and opium, of which, however, they have not yet had experience.

They think themselves authorised to draw the following conclusions from the facts which they have already observed.

1mo, That puerperal peritonitis, once completely established, and abandoned to itself, is almost invariably mortal.

2ndo, That it remains yet to be proved that sanguineous depletion *alone* is adequate to the cure of the disease.

3tio, That the writings of Hamilton, Gordon, and Vandenzande, incontestibly prove that, by means of calomel, in large doses, many cases of puerperal peritonitis, of the most severe kind, have been saved.

4to, That mercurial frictions over the abdomen, made at short intervals, promise considerable success, and that this ought to draw the attention of the profession to the said point of practice.

5to. That, by means of mercurial frictions, patients have been rescued, as it were, from the brink of the grave: and consequently that this remedy should be tried, however late in the disease.

6to, That the friction should be continued, without fear, until the mouth becomes affected—and, in most cases, for some time after all the symptoms have subsided.

7timo, That it would probably be advantageous to conjoin the internal administration of calomel, warm baths, and warm temperature.

8vo, That the facts observed by the authors, without being sufficiently numerous or conclusive, are yet such as may encourage, authorise, nay, compel practitioners to prosecute the inquiry.

In conclusion, we have only to remark that the cases detailed above, with the post-mortem researches, together with others which have fallen under our own notice, convince us that, in the majority of

cases, the uterus is the primary organ inflamed, and that the sanguineous depletion should be made as near as possible to this focus of the disease, especially at the very beginning. The groins, the hypogastric region, the labia pudendi—nay, the vagina itself should be freely leeched—and why should not cold be applied to the region of the uterus, when we see how efficacious it is in inflammations of the brain? Mercurial frictions ought to be commenced immediately after the first local bleeding, and continued till ptyalism take place, or till the symptoms are completely subdued. We agree with our authors that, when the peritoneal surface is involved in the inflammation, frictions over the abdomen are far more likely to succeed, than frictions on the thighs.

14. ON THE OPERATION FOR CATARACT.

(M. Royer Collard—Hôtel Dieu.)

Three modes of giving the rays of light a free passage to the retina, when obstructed by opacity of the crystalline lens or its capsule, have been adopted—1st, By extraction through an opening in the transparent cornea—2nd, By depression, or slicing, with a needle introduced through the sclerotic—and 3dly, by KERATONYXIS, which is depression or cutting up of the cataract by a needle pushed through the transparent cornea. It is on this last operation that the present hospital report from the Hôtel Dieu is founded.

KERATONYXIS.

It is 23 years since Dupuytren performed this operation, by accident, on a young girl, whose eye he could not fix for the common operation of couching, and therefore he transfixed the transparent cornea with the needle—pushed it through the pupil—broke the capsule of the lens—and cured his patient. He was not then aware that this operation had been performed in other countries; but when he found that Keratonyxis was so much esteemed in Germany, he put it to the sure test of experience in the HÔTEL DIEU, and charged M. R. Collard with the task of recording the results.

After a great number of trials, M. Dupuytren came to the following conclusions, viz. that the operation in question (Keratonyxis) is not more easy of execution than that in which the sclerotica is punctured—that it is a trifling advantage to be able to perform this operation on both eyes with the same hand—that, in this process, the position of the operator's hand between his own eye and that of the patient, is a disadvantage—that the narrow circle of the pupil limits the movements of the needle, and prevents the operator from readily displacing the cataract, and separating the adhesions of the lens with the ciliary processes—that this mode of operating does not prevent either the nervous or inflammatory accidents which sometimes follow couching—that it exposes to iritis as much as, perhaps more than puncture of the sclerotica—that it is sometimes followed by opacity of the cornea, at the spot where this membrane is punctured—and finally that, *cæteris paribus*, this operation

does not differ, in any sensible degree, as to its results, from the other mode of operating through the sclerotica, *in the majority of cases;* but that, in particular cases, it has its advantages, and therefore should not be abandoned.

M. Dupuytren attaches great importance to preparatory measures in this operation, which consist of venesection, purgation, leeches, blisters, antispasmodics, &c. according to the constitution of the patient. Some drops of the solution of belladonna or of laurel water are introduced between the eyelids the evening before the operation, and the unaffected eye is covered with a bandage during the operation.

The patient being properly placed in bed, and the eyelids separated by his assistant and himself, he plunges the point of the needle through the cornea on a level with the lower edge of the dilated pupil, and having advanced the instrument through this aperture, he cuts up, or displaces the crystalline, en masse, as he judges expedient. The operation done, he covers both eyes with a bandage, and carefully excludes all light from the patient's room, prescribing the lowest diet and absolute repose. The symptoms which succeed are narrowly watched, and promptly met by the proper antiphlogistic means. The following are the results of 21 operations by the Keratonyxis:—Eleven were speedily and durably successful—six required a month for the cure—two cases were followed by nervous accidents—five of the patients had slight ophthalmia—two had iritis—four were operated on twice or thrice—one lost the eye entirely by inflammation—and one lost sight by the formation of a cicatrix on the cornea, in front of the pupil.

In fine, the cases where this mode of operating is advantageous, according to M. Dupuytren, are very few; such as where the edges of the orbit are very prominent—where the eyelids cannot be opened sufficiently wide—where the eye is very small, and deeply sunk in the orbit—where there is excessive mobility of the eye-ball, and especially where there are muscular movements, particularly in young people, which would be likely to embarrass the operator. *Repertoire, No.* 4.

15. CAROTID ANEURISM—LIGATURE BEYOND THE TUMOUR.

Our readers will remember that in our Number for April, 1826, we gave a very full account of the operation performed by Mr. Wardrop, for carotid aneurism, to wit, the application of a ligature on the artery beyond the tumour. We thought then, and we think still, that the practice in question was "honourable to surgery, and creditable to the surgeon." Others, however, held a different opinion; and, as circumstances have turned up since, which would seem to throw some degree of discredit on the results of the operation and conclusions of the operator, we think that we shall do right in giving them a full and impartial consideration.

In No. 173 of the Lancet is detailed a second case of Mr. Wardrop's, in which the same plan of treatment was pursued.

Dec. 2. E. B. æt. 57, always enjoyed good health till four years

ago, when, after severe pains in the head, she experienced a fit of apoplexy, but recovered under the use of bleedings, blisters, &c. Two years afterwards, she had a similar attack, which was relieved by similar treatment. About six months since, a pulsation was accidentally discovered in the neck, which a surgeon pronounced to be aneurism of the right carotid artery, and proposed an operation; but the patient would not submit to it.

On the right side of the neck, immediately beneath the sterno-cleido, the two portions of which are parted over it, is a strongly pulsating tumour, about two inches and a half in breadth. The pulsation extends from the clavicle, about two inches upwards, and is much stronger above than below. The patient has had a hernia in the right groin for four years, and both legs are œdematous, tense, and painful. She has severe head-ache, and is unwilling to lie on the right side, as the pulsation in the tumour is thereby increased, together with much noise in the corresponding ear; sleep disturbed; appetite bad; thirst great; pulse has a slight thrill; bowels confined. A pill of hydr. submur. antimony and extractum rhei, was given at bed-time. On the 3d, she lost ℥vj. of blood from the arm. 4th. Urine scanty and high-coloured. *Pil. scillæ.* ʒj., *Pil. hydr.* gr. xij., *Pulv. digitalis*, gr. iv. ℳ *ft. pil.* xij. *capt.* j. *ter die.* 6th. Urine more copious; legs smaller; rest disturbed. Two grains of opium at night. 7th. Tongue brown; thirst; sickness. *To take* j. gr. *of opium.* 8th. Better—tongue still brown. *Salts and senna.* 9th, Bowels regular; felt very giddy for some minutes this morning, and nearly fell from her seat.

On the 10th, "two grains of opium having been given in the morning, Mr. Wardrop, with the assistance of Mr. Lawrence, and in the presence of many practitioners, tied the carotid artery at its emergence from beneath the omo-hyoideus, and above the tumour. As the patient's neck was fat, the incision in the integuments was not less than three inches in length; the rest of the operation was chiefly accomplished by means of a silver knife, and not above a table-spoonful of blood was lost. The ligature, formed of a portion of silk-worm gut, as recommended by Mr. Fielding, was readily conveyed round the artery by Bremner's needle, and, after being tied, both ends were cut away. The external wound was secured by two stitches and a strap of adhesive plaster." P. 396. The patient felt only a slight faintness after the operation; the pulse of the *right* wrist continued full and strong, that of the *left* was feeble. *Vesp.* A little dryness in the fauces, which is attributed to the opium. *Calomel*, gr. v. 11th. Slept well; "pulsation in the tumour much reduced, particularly in the tracheal portion; pulsation of the opposite carotid increased in force." On taking away the adhesive plaster, the wound was found to adhere. 12th. Pulse of the right arm still stronger than that of the left; pulsation of the left carotid increased; the right temporal artery beats feebly. The tumour is as yesterday; it is easily diminishable by gentle pressure, but this causes head-ache. Had faintness twice yesterday afternoon, with pain in the bowels, which are confined. *Salts and senna immediately.* 13th. Better. She has not now the sense of suffocation on lying

down on the "left" side, which she used to have. Pulsation in the external part of the tumour, on pressing which, the pains in the head are brought on as violently as ever. *Pil. colocynth. c.* ℈j., *Calomel*, gr. iij., *M. ft. pil.* v., *capt.* j. *mane et vespere.* Dec. 21. No pain in the head; appetite; feels "quite comfortable." So ended the report, and practitioners were invited to repair, as soon as might be, to Panton Square, as the patient was expected soon to leave the hospital.

Now, upon this case, we shall take the liberty of offering a few remarks, made, we beg to be understood, with a feeling of the utmost good will to Mr. Wardrop, and respect for his abilities. We think then, that Mr. Wardrop was not doing justice to himself in selecting the above case for operation. A patient evidently out of health, affected with hernia, and "both legs œdematous, tense, and painful," is no subject for any great operation, much less for a new and almost untried one. The mere fact of there being a pulsating tumour in the neck, is not a sufficient warranty for its being an aneurism of the carotid, and of that only; and we are confident it cannot be denied that the sense of suffocation on assuming the recumbent posture; the head-aches; the ill health, and, most of all, the œdema of the extremities, indicated (what was afterwards too fully proved by the dissection) disease of the heart. The stethoscope might have settled the point, but that was not applied. The Lancet, however, published on the 23d, (thirteen days after the operation,) took a more comprehensive view of the subject, overlooked all the above circumstances, and gazetted the case as quite successful.* Thus matters stood till April, 1827, when, in the number of the Medical and Physical Journal for that month, there appeared the following article.

"*Dissection of one of the Cases of Aneurism in which the Carotid Artery was supposed to have been tied beyond the Tumour.*

"Our readers are probably aware that it was proposed by Desault to tie the artery, in certain cases of aneurism, beyond the tumour, and that this operation was actually performed by Deschamps and by Sir A. Cooper; but, proving unsuccessful with them, never became generally adopted. Allusion is made, in the present Number of the Journal to Mr. Wardrop's attempt to revive this method of operating; and we therefore think it right to make our readers acquainted with the state of parts, as discovered on the post-mortem examination of one of the recent cases.

"The patient alluded to died last week, and the body was examined on the 23d, when it was found that *the carotid artery was pervious and undisturbed, presenting one continuous tube throughout, there*

* This is not an uncommon failing with the Lancet. Some time ago it reported a case from Panton Square, where, as it stated, an old ununited fracture of the humerus had been quite cured by Mr. Wardrop, by means of the seton, as practised by Dr. Physic, of Philadelphia. The man entered St. George's Hospital, almost immediately afterwards, with the arm nearly as bad as ever it was. He is now *really* under cure by means of pressure, employed under the direction of Mr. Brodie.

being no unusual appearance, and no aneurism. The heart was affected with Hypertrophy.

"Mr. TRAVERS, with reference to the alleged success of this method, remarks, (page 331,) that it will be of much importance, '*if borne out by similar results;*' and we have given the above details, because it is obviously of great importance that surgeons should be able to form a true estimate of the value of any proposed method of treatment as soon as possible, that it may either be rejected or adopted, according to circumstances.

"We are quite aware that mistakes will sometimes happen even in the hands of skilful surgeons; and it is this consideration which has induced us to withhold *numerous other instances of unfortunate operations*, which have been transmitted to us for the purpose of publication, because they have not, like the present case, been connected with any important practical question." 376.

In the Lancet also of the succeeding week, No. 188, the subject was taken up. It is there stated that, three weeks after the operation, the patient caught cold and drank some spirits, after which there came on cough and fever; the tumour increased in size and the pulsation became stronger. By the aid of small bleedings she appeared to become convalescent, but in three weeks more, "together with all the symptoms of hypertrophy of the heart, indicated by a stethoscopic examination," there took place much œdema of the legs, which continued to augment in spite of diuretics, &c. and on the 23d March the woman died. All this time she had not complained of her neck, nor of any symptoms of disturbed circulation within the head. "Up to the day of her death, a tumour remained in her neck of about the bulk of an almond, which pulsated strongly, felt very thin in its coats, and its contents could be readily squeezed out of it, but returned rapidly when the pressure was removed.

"*Morbid Anatomy.* This interesting dissection was conducted by Mr. Bennett, of which he drew up the following memorandum:—

"'The body was generally anasarcous, the lower extremities being swollen to twice their natural size. The tumour, which had existed in the neck during life, was not apparent after death. The arterial system being that to which our attention was particularly directed, the thorax was opened, and the teguments of the neck removed. The heart presented an unusual state of *hypertrophia* of both sides, being three times as large as natural. The serous membrane contained the usual quantity of serum found in similar cases, and appeared to have suffered from repeated attacks of inflammation, judging from the extent and thickness of the patches of organized lymph which had been previously effused from time to time. The aorta and arteria innominata presented nothing remarkable externally, but internally, innumerable small yellow patches were observed, where ossific depositions had commenced. The muscles of the neck being removed, the arteria innominata, right subclavian, and carotid, were exposed. The carotid artery, immediately after its

commencement, presented a manifest dilatation, which corresponded with the situation of the tumour that existed prior to death; and the fact of the vessels being perfectly empty, and their walls collapsed, readily accounted for the swelling having disappeared. The length of the dilated portion, was a little more than an inch. On examining the upper part of the artery, and replacing the teguments, so as to compare the relative positions of the cicatrix, (where the wound of the operation had been made,) and that of the vessel, both were found to be in exact correspondence; the line of the cicatrix obliquely crossing nearly at its centre, the line of the artery about half an inch below its bifurcation into the external and internal carotids. Intermediately between the cicatrix and the artery, the space was occupied by cellular tissue, condensed into a mass of apparently a fibrous structure. This substance intimately adhered not only to the artery, but also to the eighth pair of nerves. On slitting open the artery, the dilated portion was much thinner in its wall than the rest of the vessel. The internal surface presented numerous patches, or rather elevated flakes, of a yellow substance, but no cicatrix, or other appearance, could enable us to ascertain the precise point where the ligature had been applied. The carotid was completely pervious, as also were its several branches, with the exception of the superior thyroid, which was filled with a plug of organized lymph. It was also found that the vertebral artery, on the same side, was filled with a similar plug.'" 29.

Between these two statements there are some obvious contradictions; but on which side (for both cannot be strictly correct) the inaccuracies lie, it is for others to say. To avoid, however, all appearance of unfairness, we shall ground what observations we have to make on the report as *officially* promulgated in the Lancet.

The first question which presents itself is—the propriety or impropriety of performing the operation at all. On this subject, there can *now* be but one opinion. The dissection has proved most unequivocally that there existed, what was in fact pretty evident from the symptoms during life, hypertrophy of the heart, at the time the operation took place. But this dissection has done more, for it has proved that there was no aneurism of the carotid artery. It will not be contended that the slight dilatation observable in the vessel was sufficient to call for a ligature—the idea is preposterous. We repeat, then, that we do not think that Mr. Wardrop exercised a due degree of caution, or did justice to his own high character, in deciding on the operation so hastily as in this case he appears to have done.

Another point, and that a very interesting one, remains to be considered, namely, the non-obliteration of the artery.

From an attentive consideration of all the circumstances, we are forced to conclude that the ligature was not applied to the artery. The blame we know has been laid upon the silk-worm gut, but this proved quite effectual in Mr Lambert's case, which we shall detail presently, and in a case of Mr. Wickham's, which our readers will find in the Winchester Hospital Report of this Quarter. It may be

said that the ligature slipped, but of this there is no evidence whatever. The Lancet, indeed, with great simplicity, conjectures "that the ligature gave way at the time of the retchings, about the twentieth day!" So that a thread may remain on an artery for nearly three weeks, *slip*, and leave no mark whatever behind it! When ligatures give way on the "twentieth day," it is commonly by a process called ulceration. We think, then, (for we have no alternative,) that the carotid was never tied; but we are sure that no man, who knows any thing of the difficulties and uncertainties which attend operations on the arteries, and indeed almost all capital operations, will be very ready to decry Mr. Wardrop for committing, what none of us are exempt from, a *mistake*. Let him who is without fault throw the first stone.

If there be no error in the statement, that the superior thyroid and vertebral arteries were filled with a plug of "organized lymph," all we have to say is, that we can form to ourselves no satisfactory explanation of the circumstance. Whilst, however, we confess our own dulness, we are ready to acknowledge the acuteness of the Lancet. That able Journal settles the point forthwith. We cannot forego the pleasure of quoting the passage in question, a passage, we will venture to affirm, unequalled for the soundness and originality of its views of aneurism.

"It will be seen, that this ligature remained on *a sufficient length of time* to obliterate the *thyroid* and *vertebral* arteries, but *not long enough* to plug up the larger caliber of the carotid!" P. 21.

It has been imagined, we believe, by a few authors of no note, one John Hunter, and a Mr. Hodgson, and the opinion has, oddly enough, become general in the profession, that the effect of a ligature on an artery is to enlarge the collateral branches, in order (so the theory ran) to keep up the supply of blood to the limb. Thus, in the case of a ligature on the carotid, it was generally believed, that the superior thyroid, which comes off from it, and the inferior thyroid, which arises from the subclavian, would dilate, and become the principal channels of the new circulation. Indeed, not only was this the opinion of surgeons, but such was their infatuation, that they actually got up anatomical preparations to show the fact. What a different view of the affair is taken by the Lancet. That Periodical informs us, that the first effect of tying the *carotid* is *obliteration* of the *superior thyroid* and *vertebral*, (a branch of the subclavian!) the ligature not remaining on long enough to plug up the carotid itself!! Seriously, can the profession tolerate in a Medical Journal such matchless absurdity as this? Are the reputations of a Cooper, a Guthrie, a Brodie, or a Bell, to be for ever at the mercy of a Magazine which is utterly ignorant of so simple a matter as the effect of a ligature on an artery?

We shall now consider a third case of ligature beyond the tumour, performed on the carotid artery, by Mr. Lambert.

Case. A lady, æt. 49, of unhealthy appearance, presented a pulsatory tumour on the right side of the neck, immediately above the

sternal end of the clavicle, partly covered by the mastoid muscle. It appeared to be the size of a walnut, and had all the characters of aneurism, but, on examining it accurately, it appeared to spring from the chest. Pressure on it occasioned much pain. Two years previously, the patient had experienced a severe mental shock, and, ever afterwards, on making any bodily exertion, she had tremblings and palpitations of the heart. These symptoms had increased so much, that, at the time of her application, she was incapable of pursuing her ordinary domestic employments. When these attacks came on, the respiration was most distressing, and on stooping she had a sense of suffocation, as if something pressed on the lower part of the windpipe. There was dryness in the throat, with occasional cough—sleep disturbed by frightful dreams—appetite bad—emaciation. The heart's action was so great, that it could be felt in any part of the chest—pulse at the wrist, as also in the carotids, vibratory. The beating of the right common carotid was very distinct, and it was this pulsation which first drew the patient's attention some months ago, the tumour not appearing till afterwards.* Mr. L. concluded that the tumour was an aneurism affecting the lower part of the right carotid artery, but whether confined to that vessel, or extending into the innominata, he could not tell. Sir Astley Cooper was consulted, and discountenanced the operation, remarking, that "*it was an aneurism by dilatation, which would not increase,*" how truly will be seen in the sequel. Mr. Key thought that the innominata was affected, and that the operation was, therefore, inadmissible. Such, also, was the opinion of Mr. B. Cooper and Mr. Callaway. Mr. Wardrop was in favour of the operation, and Mr. Wakley recommended its immediate performance, which seems to have settled the question.

On the first of March, the operation was performed, in the presence of Mr. Wardrop, Mr. B. Cooper, and Mr. Callaway. The artery was laid bare above the tumour; it was unusually large, but not, to all appearance, diseased. One ligature of Fisherman's silk was thrown around the vessel, and the ends cut off close to the knot. The wound was then closed. The operation was performed without much difficulty; vomiting occurred a short time afterwards, but twenty drops of the vinum opii being administered in the evening, the irritability of the stomach went off. Immediately after the application of the ligature, the bulk of the tumour was evidently diminished, and its pulsation lessened. Next day, the vascular action was much more moderate than before the operation. The patient observed that "the beating of the heart was gone." On the third day, on removing the dressings, the tumour was greatly reduced in size, and only evident by a feeble pulsation. Her sleep was not disturbed, as formerly. On the tenth day, two or three drachms of blood escaped from the wound, the upper part of which had adhered, whilst the lower was suppurating freely. The application of linen,

* We apprehend that, in true aneurism, the reverse is mostly the case, the tumour appearing first without any distinct pulsation; indeed, the patient is frequently aware of none till it is pointed out to him.

wet with cold water, and strips of adhesive plaster, prevented any return of the hæmorrhage, and the report leaves the lady doing very well. This was on the 24th of March, and in the Lancet of the 19th of the succeeding May, the termination of the case is given. Her health continued, till the 17th of April, much improved, but, on that day, she complained of uneasiness and tingling about the wound, and in the centre of the cicatrix there was still a luxuriant granulation, little larger than the blunt end of a probe. Next day there was considerable hæmorrhage from the wound, but it was checked by the application of wet cloths. Bleeding again on the 19th, and at intervals until the 23d, from which time till the 30th it did not return. On the 1st of May, the hæmorrhage returned with great violence, and, at 11, A.M. the patient expired.

Twenty-four hours after death, the body was examined. Mr. Callaway was present, and Mr. Pilcher conducted the examination, and made a memorandum of the appearances. No tumour was visible in the neck externally. More than half the cicatrix had ulcerated, and a little below the external wounds there was ulceration, extending through the platysma myoides to the artery. On laying open the pericardium, there was seen "a thick layer of fibrine on the investing portion, (said to be common to rheumatic patients."*) The lungs and heart were healthy, the arch of the aorta "slightly" enlarged. The innominata externally was natural, on opening it, a few small patches of curdy matter were seen under its lining membrane. At the root of the right common carotid was a pyramidal tumour, about *half an inch* in breadth at the base, and extending two inches up the artery. Neither a probe nor water could be forced upwards from the innominata. On making a section of the tumour, its lower part was found accurately closed by a firm coagulum, which had formed the obstruction to the water. The coats of the artery round this coagulum were about four times their natural thickness, and lined by a thin layer of fibrine. Above the coagulum, they were six times their natural size, and besides the fibrine were lined with three layers of coagulable lymph. Where the ligature was applied, was an ulcerated opening on the anterior and tracheal surface of the carotid, a quarter of an inch in length, and less in breadth, covered with dark-coloured lymph, and communicating with the external wound. Opposite to this, on the posterior surface of the artery, was coagulum, on removing which, the division of the inner coats, produced by the ligature, was observed. Above, the artery was not obliterated, but completely pervious, and studded with a few spots, like the innominata. Water thrown into the arch of the aorta, passed, by means of the superior thyroid, &c. into the *right* carotid, and out at the external opening.

Here, then, is another case of ligature beyond the tumour, and there can be no doubt that the ligature itself was effectually applied. It now

* This appearance is only common in such rheumatic patients as happen to become affected with pericarditis—a disease under which the present patient laboured, and under which she would most likely have fallen at no distant date. Indeed, the symptoms of greatly disordered function of the heart were unequivocal in this case from the beginning.

remains for us to consider whether or not there was an aneurism (a *true* aneurism) of the carotid. We have not the slightest hesitation in asserting our opinion that there was not, and that Sir Astley Cooper was perfectly right, when he stated it to be "an aneurism by dilatation." The history was more that of hypertrophy of the heart or large vessels, than of true aneurism, whilst the distressing dyspnœa, palpitations, and general ill-health, were out of proportion to the size of the aneurismal tumour. The "rapid decrease of the tumour," on the application of the ligature, proves, what? that it was a sac filled with layers of coagulum? Certainly not; for even in the common operation, where the supply of blood is, to a certain extent, arrested, no such "rapid decrease" takes place. Mr. Lambert, however, views the matter in a different light, for he advances this very circumstance as a proof of aneurism! We doubt whether Mr. L. will get many to see the case through his glasses. But what we rely upon most of all is the plate published by Mr. Lambert himself, in No. 194 of the Lancet.

If that be not a represeptation of a *dilated* artery, we know not what is. The ligature, it is evident, has been applied just *above* the dilated portion, and, of course, the deposition of coagulable lymph, and formation of coagulum *in* that portion, have been the consequence. It may be said that absorption had been going on, and that the tumour was thereby much diminished in bulk. To this objection we reply, that there is no reason whatever to believe that diminution of size, to any extent, had taken place, for, at the time of the operation, the tumour was, as far as could be ascertained, about the size of a walnut, and, at the dissection, it was "half an inch in breadth, and two inches in length," a diminution no greater than what would certainly take place, though the artery were merely dilated. Our own opinion then, is, that, in this case, there was no true aneurism of the carotid artery. But, even granting that there was aneurism, there were still cogent reasons against an operation. The patient was much out of health—there were symptoms of disorder, if not disease of the heart; and it was impossible for any one to say that the innominata, or even aorta were sound. On dissection, there *were* found pretty strong evidences of pericarditis, with dilatation of the aorta, and patches of curdy matter in the innominata.*

We have all along been warm advocates for Mr. Wardrop's operation, but we must confess that the perusal of these two cases, out of the three in which it has been performed, will hardly raise its character with surgeons, amongst whom there has always been a degree of prejudice against it. We almost fear it will be found that, where the aneurism is so low in the carotid as to prevent the application of

* We cannot part from this case without expressing our dislike of the flippant, self-sufficient manner in which it is drawn up. The author sneers at Aston Key, and seems to think himself a very clever sort of gentleman. Perchance he may learn for the future not to imagine himself wiser than Sir Astley Cooper, even though he should be backed by the high authority of Mr. Wakley.

a ligature between it and the heart, there will be found disease of the innominata, aorta, or even heart, to boot, any one of which circumstances would, of course, turn the odds greatly against the opetion.

P.S. Whilst this was in the press, we received the Medical and Physical Journal for June, in which there is a paper on this subject by Mr. Shaw. While we differ from him on one or two points, we are happy to find that, in the sentiments we have expressed, we are, for the most part, fully borne out by that gentleman. Mr. S. takes precisely the same view of Mr. Lambert's case with ourselves, and is of opinion that there was no aneurism. Every one who looks dispassionately and carefully to the history of the case and to the drawing, must, we are convinced, come to the same conclusion.

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16. OBSTRUCTION OF ARTERIES.

[La Pitié.]

On several occasions we have taken notice of inflammation and obstruction of certain *venous* trunks, with the fatal consequences which often result therefrom. At present we have to advert to some instances of *arterial* obturation, brought forward by M. Bally, Physician to La Pitie.

Case 1. Diedan, aged 68 years, entered the hospital on the 3d of October, 1826, and died on the 13th of the same month. He had been affected with several attacks of cerebral congestion—he presented an extended "mucous wheeze," (râle muqueux) when examined by the stethoscope—the pulse was three to each interval of respiration, intermittent and irregular—some slight whizzing noise was heard attending each contraction of the left ventricle—impulsion moderate—general œdema. A few days after his entrance into the hospital, he complained of coldness in the left lower extremity, and no arterial pulsation could be felt in this limb. Within a few days of his death, the member turned livid, and was covered with gangrenous phlyctenæ, and desquamation of the cuticle.

Dissection. Immediately below the division of the aorta, the left iliac artery was obstructed by coagulated blood, the clot not appearing to be of ancient date, since it was still black. It was continued into the popliteal artery. The colour of the arterial coats resembled that of veins, but they were not diseased. The pericardium contained some sanguinolent fluid—heart greatly dilated in its ventricular chambers, and attenuated in its parietes, which tore with the greatest facility, and containing many fibrinous clots. The orifices and valves were in their natural condition. The aorta presented several osteo-cartilaginous elevations, which might, in some degree, account for the noise heard at each ventricular contraction—a phenomenon which M. Bally has several times found to depend on these aortic inequalities alone. The stomach was cancerous at its *cardiac* orifice, and ulcerated there, the disease spreading

an inch into the œsophagus. The patient never had had any vomiting. The brain and other organs were sound.

Case 2. (Hôpital Cochin.) Margaret Tesson, of good constitution, aged 47 years, was ill for two days previously to her entering the hospital, 27th November, 1826. She complained of a paralytic attack of the right arm, which was painful, and incapable of motion, without much uneasiness. There was no indication of cerebral or spinal affection, and the complaint was considered of a rheumatic nature, the patient being subject to rheumatism. On examining the radial artery, it was found that there was no pulse in that arm, except close up to the axilla. The circulation was natural in the other arm. The temperature of the right arm was rather lower than that of the other, and the sensibility much below par. The nails of the fingers, in this hand, were livid. At seven o'clock the same evening, this patient dropped down and suddenly expired.

Dissection. The brain, spinal marrow, and the nerves of the right arm were perfectly healthy. The heart was of its natural size, the right auricle and ventricle full of black blood, as were the left chambers. The opening between the auricles still existed, admitting a free communication. It did not appear to be the effect of violence, but the original opening remaining unclosed. In the right axillary artery, there was found a very firm fibrinous clot, two inches in length, completely obstructing the flow of blood into that arm. The artery, just behind the obstruction, was somewhat dilated. The arterial parietes were sound. All the other organs of the body were in a healthy condition.—*Journ. Gen. de Medecine.*

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17. AMPUTATION DURING THE PROGRESS OF MORTIFICATION.

This case happened lately at St. George's Hospital, and as it involves an interesting question in surgery, we shall give a concise account of it.

Joseph Sparks, æt 15, was admitted April 16th, 1827, under the care of Mr. Brodie, for a compound fracture of both bones of the left leg, occasioned by jumping over a ditch. The bones were broken at about their middle, and the injury, to all appearance, not extensive. There was some pain at the head of the fibula. The lad was thin and sallow, and had suffered from rheumatic fever. The limb was put up in junks, and union of the external wound attempted. On the 18th he complained of severe pain in the leg; this was attributed to the tightness of the bandages, and they were loosened in consequence; the uneasiness, however, continuing, on the next day, they were cut away, and some simple dressing applied. There was at this time a certain degree of anxiety in the countenance, and a slight sensation of numbness in the foot, but as there was nothing particular in other respects, little notice was taken of the circumstance. By the next morning, 20th, mortification had appeared in the leg, commencing at the seat of the fracture, and extending thence downwards to the foot, and upwards to the

knee. The features were sunken, the pulse hurried, and there was a wildness in the manner, not amounting, however, to incoherence or delirium. The gangrene continuing to spread, it was determined to give the boy the only chance which remained, viz. amputation. Before proceeding to the operation, it was remarked that there was an emphysematous crepitation in the thigh, particularly at the back part—that the cutaneous veins appeared loaded, and that the glands in the groin were enlarged. The tongue was dry in the centre, but the pulse though quick was steady. At 4 P. M. the limb was removed a little below the trochanters, as high as could conveniently be done, but on cutting through the cellular membrane, it was found to be of a brownish yellow colour, and infiltrated with serum, in fact disposed to take on the gangrenous state. The lips of the stump were brought together by sticking plaster, &c. and the patient placed in bed. He bore the operation very well, and on its completion the anxiety of the countenance subsided remarkably.

On examining the amputated leg, all the parts were found more or less disorganized, especially the muscles and cellular tissue. The fracture was not very extensive, but the fibula was dead and completely separated from the periosteum in its whole length from the epiphysis to the malleolus. Indeed, on slitting open the periosteum, the bony shaft fell out! The same, but not to quite so great an extent, was the case with the tibia. The epiphyses themselves of both bones, were unaffected. In the cavity of the knee-joint there was, we believe, some suppuration. The neurilema of the sciatic nerve was studded with little patches of ecchymosis. Nothing particular was observed about the blood-vessels. 21st. He was rather delirious yesterday afternoon, but slept well in the night; he did not complain of much pain, and was perfectly sensible. On waking at eight o'clock this morning, the jaw was seen to be locked in some degree; the stump began to start now, and the countenance showed considerable anxiety, as the morning advanced, the tetanus became fully marked—opisthotonos appeared—the pulse became wiry and small—and at ten P. M., in spite of all means, the exhibition of the prussic acid, &c. the poor boy died.

No dissection was permitted, or at least wished, by the friends. On looking at the stump, there was no appearance of mortification, nor was there any attempt at adhesion.

Remarks. The pain in the first instance at the head of the fibula, seems to show that the epiphysis was torn from the shaft by the shock of the accident; such, too, in all probability, was the case with the periosteum to a certain extent; but the complete separation which took place of this membrane from the bone must have been principally owing to inflammation. It is curious that in the case of traumatic gangrene related by Mr. Guthrie in his work on Gun-Shot Wounds, where amputation was performed by Mr. Campbell, the periosteum, as here, was found separated from the tibia and fibula. It is well known that in gangrene, as in erysipelas, the cellular tissue, from its low degree of vitality, suffers most. This fact was

well illustrated in the present case, for in the thigh, where all the other textures were sound, or nearly so, the cellular membrane was disorganized, and almost gangrenous. It is difficult in this instance to account satisfactorily for the occurrence of the mortification. The injury to the parts was by no means particularly severe, nor were any of the great vessels ruptured. The *shock*, however, it must be remembered, was considerable, and the poor boy's constitution was enfeebled. We now come to the question of amputation. We think it was justifiable, nay more, perfectly judicious. At the same time we question whether the result proves much in any way. It certainly does not prove *against* the operation, for the patient died of tetanus, and that was a *casualty* that no one could or can count on. On the other hand, it does not prove much *for* the operation, for if the mortification were to come upon the stump, it is more than probable that it would not appear within the first 36 or even 48 hours. We repeat then that this case bears little upon the propriety or impropriety of amputating during the spreading of traumatic gangrene—a question deeply interesting in point of principle, and important in practice—a question which is yet to be settled by the experiments or experience of the profession.

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18. ON HYPERTROPHY OF THE MUSCULAR COAT OF THE STOMACH. BY DR. BOUILLAUD.
[Hôpital Cochin.]

Every pathologist is familiar with two very different diseases of the heart—dilatation of the cavities with *thickening*, and dilatation with *atrophy* of the parietes. The very same pathological conditions obtain in the stomach—and probably from the very same causes. What are these causes? In respect to the heart, we know that contractions of the origin of the pulmonary artery and of the aorta are usually accompanied by, and probably cause enlargements of the corresponding ventricles, with or without thickening of the parietes. But we know, also, that enlargements of the heart take place without any obstruction at the roots of the large arteries, and consequently without any demand being made on the muscular structure of the organ for any increase of action. In these last cases, we generally conclude that a chronic inflammation has settled on the heart, and produced an overplus of nutrition in the organ. But how shall we account for atrophy of the muscular structure, with dilatation of the cavities? Can the same cause produce diametrically opposite effects? Strange and illogical as this last position may appear, we are of opinion that, in the animal economy at least, it is far from untrue.

But to return to the stomach. We very often find that, when scirrhus has invaded the pyloric orifice, the stomach becomes enlarged in its dimensions—sometimes with thickening of the muscular coat—sometimes with atrophy of the parietes of the organ. Modern pathologists have attributed this dilatation and hypertrophy to the obstruction of the pylorus, and consequently to the exertion which the stomach makes to unload itself, either by the pyloric orifice, or by vomiting. The theory is specious, and is main-

tained by Louis, Andral, and others; but it is not without its difficulties, requiring further investigation. M. Bouillaud has recently published two cases bearing upon this question, which we shall briefly notice.

Case 1. A perfumer, aged 40 years, was received into the Cochin Hospital, on the 28th June. Two years previously he had been ill of a complaint attended with vomiting and pain in the epigastrium. When examined in the hospital, he presented the following symptoms, viz: pain throughout the whole epigastric region, across which was felt a kind of elastic body, suspected to be the great arch of the stomach thickened—the pain in this part had been gradually increasing for the last six months—abdomen voluminous and fluctuating—tongue red and moist—thirst ardent—no material loss of appetite—nausea and sense of burning heat in the stomach after eating, followed by vomiting of almost all the ingesta, at various intervals after each repast. During the preceding two months the patient had not passed more than three or four stools, and those obtained by lavements—countenance sunk and expressive of suffering—skin dry, pulse quick and small—marasmus much advanced. *Diagnosis.* Cancer of the pylorus. Lemonade—lavements. During the month of July, the patient had frequent motions of a black colour. The vomitings continued, and the matters ejected were often like coffee-grounds. He complained of lancinating pains in the epigastrium. Ascites became unequivocal, accompanied by œdema of the lower extremities. He lingered out till the 9th August, when he expired.

Dissection. The peritoneal cavity contained a considerable quantity of yellowish serum, and the peritoneum itself presented numerous tubercles on its internal surface—stomach distended by an enormous mass of vegitable aliment, mixed with a vinous looking fluid exhaling a very acid odour—pyloric orifice so contracted that the finger could not be pushed through it, the contraction occasioned by thickening of the parietes and numerous fungous excrescences. The very small passage that remained was blocked up by stones of fruit and other indigestible substances that had been swallowed. The three coats of the stomach, in the neighbourhood of the pylorus, were confounded into one lardaceous mass, as is commonly seen in cases of scirrhous pylorus. Throughout the rest of the organ the mucous membrane presented numerous traces of inflammation, and even erosion. The muscular coat was developed to a most extraordinary extent. The muscular fibres were precisely like those of a voluntary muscle, red and distinct. There was nothing particular in the other abdominal viscera. In the thorax, the lungs presented many tubercles, and the pleura was thickened and diseased. The heart was not more than half its natural size; but its chambers were well proportioned.

Case 2. Ann Bruneau, aged 55 years, was received into the hospital on the 19th November, having been ill for 13 months, occasioned, as was supposed, from troubles of mind. Loss of appetite, pain in the stomach, vomitings, and occasional diarrhœa were the princi-

pal symptoms which the patient detailed, as heretofore obtaining. She was now much emaciated, countenance and skin generally of a yellow tint—tongue red, clean, and moist—pain in the epigastrium—thirst—vomiting of almost every thing eaten—diarrhœa—colicky pains—tenesmus—skin cold—frequent shiverings, or at least chills—pulse quick, small, and soft—tendency to faintness. *Diagnosis.* Cancer of the pylorus. She lingered till the 19th December, and then died, 40 days after her entrance into the hospital.

Dissection. The peritoneal cavity contained a considerable quantity of greenish fluid, with flocculent matters floating in it. The intestines were agglutinated into a roundish mass by means of false membranes. The stomach was greatly distended by alimentary matters, and its coats were so lacerable, that the fingers readily went through them. The pyloric orifice was surrounded by a scirrhous induration, in which all the tunics were amalgamated into one homogeneous lardaceous substance, the internal surface of which was in a state of ulceration. The muscular coat of the organ was in a state of developement or hypertrophy, as in the preceding case. The pyloric passage, however, was sufficiently open to admit a finger to pass freely into the duodenum. Both in this and the preceding case, the size of the stomach was greatly beyond the natural volume of that viscus, and seemed in proportion to the hypertrophy of the muscular tunic.

Two cases have been published by M. Louis, in which the stomach was greatly enlarged in capacity, and the muscular coat in a state of hypertrophy. As we stated before, we have no other means of accounting for this pathological condition, but by the efforts which the stomach makes to eject its contents, whether upwards or downwards—or by the circumstance of chronic irritation and inflammation in the organ, by which an afflux of blood is drawn to the part, and its structure thus morbidly or inordinately nourished. The very same exertions to overcome resistance or evacuate the contents of the organ—and even the same chronic inflammation, might, in particular constitutions, give rise to softening, dilatation, and thinning of the coats of the stomach, as we see in the heart. Some people will have active, and others passive dilatation of the central organ of the circulation, the causes and attendant circumstances being apparently the same in both cases.

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19. GASTROTOMY FOR STRANGULATED INTESTINE.
[St. George's Hospital.]

A very interesting case occurred lately in the practice of Mr. Brodie, at St. George's Hospital.

A surgeon was summoned on the 22d of April, at six o'clock, A. M. to the patient, a married woman, æt. 35, for what was called "miscarriage." He found her in great pain, and from the anus there protruded a vast heap of *small intestine*, to which much violence had been done by the attendants in their attempts to return it, or bring it away! It appeared that the woman had been subject to prolapsus ani, that she had been drunk the night before, and that she had

had a good deal of vomiting. The gentleman, Mr. Mullins, tried to reduce the protrusion, but though it could be pushed up within the rectum, it soon descended again. Mr. Brodie was now called in, and he sent the patient to the hospital. On examination there, he found between five and six feet of small intestine protruding through the anus. The gut was highly injected and coated with coagulable lymph, and it was a perforation apparently caused by the handling to which it had been subjected. This was secured by a ligature, and some ineffectual efforts made to reduce the hernia. On passing the finger up the rectum a lacerated opening was found on its anterior part, at the distance of about two or three inches from the anus. Through this the mass of intestine had protruded, and through this it was now attempted to return it, but in vain.

Mr. Brodie considering that, if nothing was done to relieve the strangulation, death must inevitably result, determined to give the patient the only chance left, though that chance was, of necessity, but a desperate one. He accordingly made an opening through the linea alba into the abdomen—the intestine was then pulled up through the slit in the rectum and replaced in the abdomen—and the lips of the external wound were brought together by sutures, with a compress and bandage over all. This was at seven P. M. The symptoms of inflammation however did not abate, at least to any extent, and by the next morning the pulse was quick and small—the pain in the belly horrible—the countenance sunk and inexpressibly anxious—the extremities below their natural temperature, and at 6 P. M. 23 hours after the operation, the woman died.

Dissection. On laying open the abdomen, the ileum, to the extent of five or six feet or more, was seen to be injected and in parts highly inflamed, its convolutions being agglutinated by lymph. The inflammatory appearance, notwithstanding, was by no means so marked, as before the operation. In the cavity of the pelvis, fæcal matter was found extravasated, and on the anterior surface of the rectum was seen the opening through which the hernia had taken place. This opening had all the characters of a laceration, though its lower edge had more the appearance of being rounded off by ulceration, which was probably the mere effect of the pressure and efforts at reduction. None of the other cavities were examined.

There is no very satisfactory way of accounting for the laceration in the rectum; what followed of course is intelligible enough. It was imagined by some, that there had been previously an ulcer, at this part of the intestine, which had cicatrized, and that during the vomiting this cicatrix had given way; but this is pure conjecture, and not at all warranted by the appearances on dissection. Whether the part had been weakened by the previous difficult labours, (for the woman had had several,) or by the prolapsus, is more than any one can with certainty say. The treatment was bold and decided, and does no discredit to the reputation of Mr. Brodie.

The Lancet, we perceive, with its usual candour, whines against this excellent surgeon for having performed the CÆSARIAN SECTION for PROLAPSUS ANI!!

Quarterly Periscope

OF

PRACTICAL MEDICINE;

BEING

The Spirit of the Medical Journals,

Foreign and Domestic;

WITH COMMENTARIES.

PART III.

ANALECTA.

"Nihil est aliud magnum quam multa minuta."

1. PERIODICAL APYRECTIC DISEASES.

Professor Fulci, of Catania, in Sicily, has published five cases of novel apyrectic affections, of a periodical nature, of which we shall here give some particulars. They are very curious and interesting.

1. The first was a case of tertian and quartan gonorrhœa, in the person of a young law student, who, after impure connexion, became affected with inflammation of the urethra and puriform discharge, for which our professor ordered leeches, emulsions, tepid baths, and low diet. On the second day, he met his patient, who reported himself quite well; but on the third day, all the symptoms returned, and lasted 24 hours, when again they ceased. The patient a second time reported himself cured, but, on the second day from that period, the gonorrhœa, ardor uinæ, chordee, and all the original phenomena returned as before, and also at the same hour. After this, the disease assumed the quartan type, in which form it made two attacks, and then disappeared in toto. We perceive that the antiphlogistic plan of Broussais and the New School was almost entirely trusted to; for, although some iodine was administered, we cannot attribute the cure to that remedy.

No doubt the mucous membrane of the urethra, like that of the lungs and digestive organs, is subject to intermittent irritations, or even inflammations; we do not, however, remember to have seen any case of the kind recorded by authors.

2. *Cervico-brachial Neuralgia.* A gentleman of Cantorbi, aged forty years, of nervous temperament and very studious habits, had been subject, for some years to a chronic bronchitis, for the relief of which he got into the habit of taking opium to rather an excess. Being subject to considerable perspirations, and having caught some cold, he became suddenly affected with severe pain in the cervico-dorsal region of the spine, extending afterwards along the left side

of the body, and then fixing itself in the shoulder, shooting occasionally along the arm, and even to the hand of that side. After an accurate examination of the seat of this pain, it appeared evident to our author, that it sometimes followed the divisions of the internal cutaneous brachial nerve—sometimes the course of the external. The sensations experienced by the patient were very various at different times, but almost always of a very distressing kind, causing him to cry out loudly. During these accessions, the muscles of the member contracted violently and involuntarily, and the sufferings were mitigated by pressure, especially by lying on the affected side. The countenance was anxious, and there was great uneasiness in the epigastrium—no sleep—pulse quick. The integuments of the arm affected were two degrees colder than the rest of the body. The paroxysms of pain came on twice in the 24 hours—the first about 11 o'clock, lasting three hours—the other at 10 o'clock in the evening, ceasing towards morning, and giving the patient an interval of repose till 11 o'clock. Vapour baths were employed, under the idea that the neuralgic irritation was occasioned by suppressed transpiration—and the author was afraid of the sulphate of quinine, as there were symptoms of gastric irritation present. Diluents were therefore prescribed, with nitre and mucilaginous drinks. These means mitigated, in some degree, the symptoms; but did not remove them. On the seventh day of the disease a number of leeches were applied to the upper part of the spine. The immediate consequence was, a reduction of the morning paroxysm entirely, and a mitigation of the evening one. The leechings were several times repeated. In twenty days the patient returned home cured.

3. *Mental Alienation, periodical.* A female, aged 40, of highly sanguineous temperament, and very fond of strong liquors and other excesses, started from her bed, one morning, in a state of mental derangement. The phenomenon was attributed by her friends to excesses in drink, and little attention was given to the subject. On the following day she was quite well. On the third day, the same hallucination recurred. Our author was called to the patient, and after an attentive examination of the symptoms, he determined that the disease was an encephalic irritation, accompanied by active sanguineous congestion in the brain, caused by addiction to wine. He, therefore, ordered ten leeches to the temples—cold lotions to the head—warm bath to the lower extremities. Rigorous diet was prescribed, and diluent drinks. Returning next day, our author found the patient quite well in mind, and occupied with her domestic concerns. The most positive injunctions as to regimen were given and observed; but, notwithstanding these, the malady returned next day, although the phenomena of the hallucination were very different from those previously presented. The bizarreries of the patient we shall not enumerate, as they may be as various as the shapes of the clouds, without any real difference in their nature. In this case, the maniacal paroxsym was so violent that no sanguineous depletion, local or general, could be effected. In 22 hours the agitation subsided, and was succeeded by a state of exhaustion and depression, but with complete restoration of reason. The author now saw that he had to treat an intermittent encephalitis, in the form of periodical mania, but determined to let the third paroxysm pass before he attempted to stop its course. This attack came on at the expected period, but with still a new form of mental hallucination. The ideas of the patient, this time, were all of a devotional and penitential character—and she actually forced her husband to repair with her to the church, in order to confess her manifold sins and transgressions. Our author saw her on her return, and, on examination of the other functions of the body, nothing particular could be detected. Her face was rather flushed, and she complained of pain at the summit of the head. A consultation was called, and it was agreed to prescribe the quinine, with cold applications to the head. Twenty-four grains of the quinine were given within the 24 hours. The next paroxysm was on the usual day,

but greatly mitigated in severity. When over, the quinine was again administered, and the malady was now entirely checked, and did not return.

Mental alienation has been observed to take on periodical accessions in all ages; but it is rare to see it assume a regular tertian form. The brain, however, being an organ through which both physical and intellectual functions are manifested, we cannot wonder that its derangements should disturb the latter as well as the former class of functions. In such cases it is by physical, not moral remedies, that we can expect to cure the disease.

4. *Periodical Ascites.* A young woman, twenty-five years of age, of previous good health, good constitution, and affected with no hereditary disposition to disease, experienced a fright and violent mental agitation, soon after which she perceived her abdomen to swell, and her urine to become very scanty. A physician was called in, and after attentive examination, he pronounced the disease to be ascites. Before any medicines could be administered, however, the swelling quickly disappeared after an eruption of the menses. The belly again swelled, and again the urine became deficient. Medicines of the diuretic and evacuant kind were prescribed, but without the least effect. The catamenial discharge, as before, was immediately succeeded by a copious flow of urine, and a subsidence of the ascites. This recurred a third time, in spite of various medicines. Our author was now called in, and discovered some signs of gastro-enteric irritation, if not inflammation, with an unusual exhalation from the peritoneal surface. The remedies were of course, leeches to the abdomen, low diet, and demulcent drinks. External applications of colchicum, antimony, and squills, were also employed over the abdomen. These means failed, and then various physicians, both of Sicily and Italy, were consulted, and exhausted the Pharmacopœia, without the slightest advantage. The ascites commenced immediately after each menstruation, and continued to increase till the next period, when it entirely subsided. The complaint has now continued six years, with the most obstinate regularity, and no remedy has ever interrupted its course.

The above is certainly one of the most curious instances of periodical ascites which we have ever heard of. Stork asserts that he has seen an intermittent ascites, and there are a few others on record; but none, we think, so well authenticated and unequivocal as this one.

5. *Anomalous Intermittent Neurosis.* An ecclesiastic of Catania, aged fifty-five years, of good constitution, but of a family disposed to hypochondriasis, had led a very regular life. Twenty years ago he became affected with epilepsy, which lasted four years, and then disappeared. Two months ago, the patient, without any known cause, except some bodily fatigue, was suddenly seized with dyspnœa, which obliged him to stop short and sit down quietly, when it ceased. This was considered a thing of no importance, and was not attended to; but the attacks became frequent and severe, and then our author was consulted. On examining the region of the heart, the pulsations were found deep and obscure—the sterno-cardiac region sounded dull—the pulse was irregular—there was inability to lie on the left side—the cheeks were flushed. Prof. Fulci concluded that the disease was angina pectoris, and prescribed accordingly. The attacks of dyspnœa, however, recurred two or three times a day, for six days, and then they disappeared. In these attacks the pulse sometimes fell to 45 in the minute, with strange sense of dragging along the spine, and weakness of the upper extremities.

The attacks of dyspnœa had not ceased more than twenty-four hours, when a new train of phenomena was developed. In these new paroxysms, the pain

darted from the left side of the chest all around the thorax, to the spot whence it first emanated, accompanied by rapid action of the heart and palpitation. The spinal column was also the seat of violent lacinating pain, and the features became decomposed. There was no dyspnœa, and the attack generally lasted about six minutes, returning three times in the 24 hours. Looking upon the complaint, in its present form, as neuritis, leeches were applied along the vertebral column, and counter-irritation to the lower extremities, with rigid vegetable diet. In eight days the complaint vanished; but in three days afterwards, he was seized with a burning heat along the lumbar region of the spine, accompanied by convulsive movements of the lower extremities, keeping the whole body in a state of agitation. A sense of coldness spread along the thighs and legs—the pulse was contracted and frequent—and there was some tendency to delirium. These paroxysms lasted six hours, and then went off, leaving the patient exhausted and depressed. The next day, and nearly at the same hour, the paroxysm returned, preceded by a sense of tightness in the epigastrium. The periodicity of the complaint being now ascertained, thirty grains of the sulphate of quinine were given in the succeeding interval. The next attack was less violent, and the complaint did not return—at least in that form. In two or three days it made its re-appearance in the shape of a violent sciatica, the pain running from the hip to the foot. These attacks were also periodical, returning diurnally. Narcotics failed—then leeches were employed, with baths and blisters. These also failed—and the disease ultimately gave way to oil of turpentine exhibited night and morning. This last form of the disease harrassed the patient for 28 days, but he has since continued well.—*Bibliothèque Medicale, March*, 1827.

Diseases of an intermittent type are, we apprehend, becoming more prevalent in the present day than formerly; probably from the nervous system being more susceptible in modern times than in the days of our ancestors. The more accurately we observe phenomena in sickness, the more frequently will we find a regular or irregular periodicity in the march of maladies, especially those of the nervous kind.

2. CEPHALO-SPINAL FLUID.*

In our last Number, (No. xii.) page 592-3, we gave a brief account of M. Magendie's experiments to determine the quantity, nature, use, &c. of the cephalo-spinal fluid. That distinguished Physiologist has recently published several memoirs on this interesting investigation, which, indeed, is yet in its infancy. We shall only be able to notice in this place, the substance of his last memoir, read at the Academy of Sciences on the 12th February, of the present year.

In the preceding memoirs, our author showed that a fluid, formed chiefly in the spinal canal, had a free communication with the cerebral ventricles, by means of an aperture situated near the calamus scriptorius, and that, *vice versa*, the fluid of the ventricles had free exit into the spinal canal.

Finally, M. Magendie averred that the fluid formed between the pia mater and arachnoid, over the hemispheres of the brain, had a communication with the ventricles, and consequently, with the spinal canal. In the portion of memoir now under review, our author comes to the facts on which the foregoing assertions are founded. To these facts we wish to draw the attention of our readers.

A female was brought into the Hospital Necker last year, who had been

* Journal de Physiologie, Janvier, 1827.

seized, the preceding evening, with apoplexy and hemiplegia. She died the same night. The dissection was made by M. Magendie himself, in the presence of M. Delorme and others. The fluid in the cranium and in the spinal canal was tinged with blood, but without any clots. M. Magendie then prognosticated that there was sanguineous extravasation in the ventricles, and accordingly a fibrinous clot was found in the third ventricle, bathed in a reddish serum. This clot resulted from a slight rupture in the thalamus nervi optici of the right side.

We see, then, that the source of the coloration of the cephalo-spinal fluid was placed in the third ventricle. If there were no flux and reflux in this fluid, it is scarcely possible to conceive how this decoloration could have extended to the very extremity of the spinal canal, in the very short period that elapsed between the attack of apoplexy and the death of the patient. The alternate flux and reflux of the cephalo-spinal fluid, corresponding with the action of respiration, would readily account for the transmission of tinge along the canal.

More recently, M. Magendie observed a fact very analogous to the foregoing. A woman died in a very rapid manner of apoplexy, in the Salpétrière. In this case the clot was not entirely confined to the ventricle, but extended to the aqueduct of Sylvius, which was considerably dilated. No part of the clot, however, had entered the spinal canal, yet the cephalo-spinal fluid was deeply tinged down to the very sacrum. The following case has afforded our author direct proof that a morbid and accidental fluid formed in the spinal canal may penetrate into the ventricles by the route already described.

A young and robust gardener, who had been exposed to the vicissitudes of the atmosphere, was brought into the Hôtel Dieu, complaining of great pain between the shoulders and along the spine. He had strong fever, but no affection of the head. The disease was considered as acute rheumatism of the muscles of the back, occasioned by exposure to wet and cold, and some relief was obtained by bleeding and the usual means; but the disease persisted, and took on a more serious character. Motion of the arms and lower extremities became amost impracticable—the urine could not be voided, except by the catheter—and, on the second night, the patient became delirious for some hours, in the midst of which he suddenly expired, while attempting to get out of bed. Such an unexpected event excited the curiosity of the medical officers of the hospital to investigate the cause of death.

On dissection, the cephalo-spinal fluid was observed to be wanting and to have been replaced, throughout the whole extent of the spine, by a yellowish and thick pus, of the consistence of jelly. This substance completely filled the sub-arachnoid space, forming a kind of cylindrical sheath for the spinal marrow down to the sacrum The arachnoid membrane thus distended was sound; but the subjacent pia mater was injected with red. The fourth, the third, and the two lateral ventricles of the brain were found distended with the same substance, somewhat more fluid than that in the spinal canal. On the most attentive examination of the internal surfaces of these ventricles, they were found quite healthy, and without the least trace of softening, or other mark of previous inflammation—affording a strong proof that the morbid fluid had been but a short time in these cavities, and that it had made its way from the spine, causing the sudden and fatal cerebral symptoms. This may be considered, then, as a new species of apoplexy.

The next proposition which is to be supported by facts, is the communication which is said to exist between the general surface of the brain and the spinal canal. Some experiments on animals induced M. Magendie to

think that there was no communication between the cerebral surface and the ventricles; but the following case altered his opinions on that point.

A woman, seventy-five years of age, was suddenly seized with apoplexy, and also paralysis of the right side. In the course of the day the paralysis became general, and the patient died in thirty hours from the invasion of the disease. M. Magendie prognosticated cerebral hæmorrhage in one of the hemispheres, with extravasation of blood into the ventricles. He commenced the dissection by opening the spine, and he found the cephalo-rachidien liquor highly tinged with blood—from which he regarded it as certain that there was a communication between the seat of hæmorrhage and some of the ventricles. The left hemisphere was first examined, and he there found a large extravasation of blood, which he had no doubt extended to the corresponding ventricle. In this he was deceived. The parietes of the ventricle were completely intact, and there was in it only a small quantity of tinged fluid, similar to that which was seen in the spine. There was, therefore, no direct communication between the focus of the hæmorrhage and the ventricle. In the left ventricle there was a considerable quantity of the same kind of tinged fluid. Here our author was greatly embarrassed. On farther examination, it was found that a portion of the blood extravasated had burst into one of the anfractuosities of the hemisphere, and had there occupied the place of the serous fluid naturally existing in such situation. The extravasation was then easily traced to the inferior surface of the brain—to the superior and inferior face of the cerebellum—and, in fact, onwards to the entrance of the fourth ventricle. He was then able to comprehend how the tinge of blood was given to the fluid in the ventricles, and, ultimately, to the whole of the cephalo-rachidien liquor.

The foregoing facts and arguments will probably be one day of considerable importance in the practice of medicine. It is, M. Magendie thinks, almost certain that the ventricular fluid has its source in a secretion from the pia mater covering the spinal marrow. This is rendered the more probable, when we consider that there is no vascular apparatus in the ventricles likely to produce such an abundant secretion; whereas, the pia mater, cranial and spinal, has an extremely active circulation, and consequently, is in a condition the most favourable for the production of a copious exhalation. Besides, on opening the ventricles of a living animal, we do not observe the formation of any serous fluid; whereas, on laying bare the pia mater, of the head or spine, the formation of the fluid is seen very distinctly.

"If, then, the ventricular fluid comes from the spinal canal, wholly or in part, in those diseases where fluid is found distending the ventricles, it is evident that our remedial measures should be directed towards the spine, as well as towards the head. This proposition I shall follow up by clinical experience and observation."

In the mean time, M. Magendie relates an interesting fact, which we shall here introduce. A horse was brought into the court-yard of the Ecole de Médecine, in order to be slaughtered for experiments, the animal being affected with a peculiar disease, termed in France IMMOBILITY, which consists, principally in the loss of all power of moving backwards—and also considerable want of command over the movements forwards. The horse was otherwise young, handsome, and strong. M. Magendie begged M. Breschet to turn the animal over to him, with the view of making some attempt to cure the disease. To this M. Breschet consented. Our author justly conceived that the strange affection in question must be connected with some lesion of the spinal marrow; and under this idea, he applied four immense and powerful moxas along the spine of the animal. These caustics produced dreadful pain, and the animal became so frantic that it was very difficult to

restrain him. The combustion, however, was only rendered the more complete by these exertions of the horse, and four deep and large eschars were the consequence. Two days after the application of the moxas the horse began to evince some power of moving backwards, and, in the course of eight days, he backed freely. After this, M. Magendie took him to his own stables, and put him into harness. The horse is quite well, and, if he has any gratitude, he will draw his master most cheerfully to the end of the chapter.

It appears probable to our author that the immobility of the horse, in this case, was caused by the existence of an undue quantity of cephalo-rachidien fluid making pressure on certain parts of the brain during distention of the ventricles. He had laid before the Academy, long ago, some experiments, showing that, when certain portions (corpora striata) of the brain were excised, the animal was incapable of making any movement backwards, but was, on the contrary, carried forwards by a kind of irresistible impulse. He thinks the horse, in this case, was in a situation somewhat analogous, from the pressure of fluid in the ventricles, and that the moxas caused absorption of the fluid, and removed the disease. Be this as it may, the fact recorded is not the less worthy of remembrance. M. Magendie avers that he has seen several cases where there were unequivocal symptoms of serous effusion in the ventricles, occurring in the cerebral fevers of children, and where these symptoms quickly disappeared, after large blisters to the spine and between the shoulders. One other thing he has particularly observed, since his attention was excited to this subject, which is this; that, in all those patients who died with symptoms of acute or chronic effusions in the brain, there was a remarkable dilatation of the aqueduct of Sylvius, and, consequently, a free communication between the spinal canal and the cerebral ventricles.

From the foregoing facts, M. Magendie considers himself authorised to conclude—

1mo. That the cerebro-spinal fluid is one of the natural humours of the body—and, from its situation and use, one of the most important of these humours.

2do. That it is indispensable to the free exercise of the cerebral and spinal functions.

3tio. That it protects the parts which it surrounds and touches from external violence.

4to. That it influences the functions of the brain and spinal marrow by the pressure which it exercises on these parts—by its temperature—and by its chemical composition.

5to. That at the bottom of the fourth ventricle, opposite the calamus scriptorius, there exists an opening, affording free communication between the cerebral cavities and the spine.

6to. That the ventricles are always filled with the fluid under consideration—that these cavities are capable of containing two ounces, without any inconvenience to the intellectual faculties—but that, when the quantity materially exceeds this, there is derangement, and generally paralysis of the muscular movements, with more or less considerable diminution of the intelligence.

7timo. That it is extremely probable that there is a flux and reflux of the fluid in question from the spine to the ventricles, and from the ventricles to the spine, corresponding with the movements of the brain that take place in the action of respiration.

8. That a fluid accidentally produced in the spinal canal passes readily into the cavities of the brain, and fills those cavities.

9. That a fluid produced in one ventricle passes readily into the others, and from thence passes quickly into the spinal canal.

10. That an accidental fluid, having its source on the surface of the hemispheres, may pass, in a short space of time, into the spinal canal, and also into the ventricles of the brain.

11. That it is very probable that the fluid naturally existing in the ventricles, and also that found in certain diseases, have their principal source in a secretion of the vascular membrane covering the spinal marrow.

We have now only to add that, on chemical analysis, the cephalo-spinal fluid was found to consist of 98 parts in the hundred of water, the other two parts being composed of osmazome, albumen, chloride of soda, subcarbonate of soda, and a very minute trace of phosphate and carbonate of lime.

The most interesting part of this investigation will be that which relates to the passage of a morbid, or morbidly increased quantity of fluid from the spinal canal to the ventricles of the brain, in certain diseases; for, if this be ascertained, it will greatly influence our modes of treatment, and probably throw some light on points of pathology now involved in much obscurity.

3. ACUTE TETANUS.

(Bartholomew's.)

Another fatal instance of this opprobrium medicinæ has been added to the long black catalogue, by Mr. Earle. Stephen Thomas, aged 20, was received into the above hospital, on the 26th of February, having wounded his foot by a rusty nail six days previously. The spasms about the jaw declared themselves the day preceding his entrance, and when examined, it was found that the abdominal muscles were affected. He was freely purged, without any mitigation of the symptoms. The hydrocyanic acid was then given, and ordered to be increased till it produced decided effects. Thirty ounces of blood were also abstracted, with temporary relief. When the dose of Prussic acid was carried to twenty minims, he became easier for an hour and a half, and he slept a short time. A repetition of the same dose failed to afford any respite. He died in convulsions, in the night of the 27th, the day after he came into the hospital.

Dissection. The pia mater was rather vascular, and some red points were seen on slicing the brain, which was otherwise healthy, as was the medulla spinalis. The left pleura was extensively inflamed, and the corresponding lung gorged with blood. The sympathetic nerve, in contact with the pleura, was very vascular. The pleura, lung, and nerve, on the right side were not so much inflamed as on the left. The aorta was filled with fluid blood, and there was some fluid in pericardio. There were some other marks of phlogosis in the chest and abdomen, but nothing on which to ground any pathological conjecture as to the nature of tetanus. When the original wound was examined, the internal plantar nerve, before it divides into the two branches which supply the great toe and adjacent one, was completely torn through, and each extremity of the nerve was bulbous and vascular. The theca binding down the tendons of the great toe was wounded.

Mr. Earle suggests the employment of strychnine, in doses to affect the nervous system. Certainly in this disease and in hydrophobia, it is lawful to employ any new and powerful remedy, capable of making a decided impression on the nervous system. We are convinced the whole of the disease consists, at the beginning of tetanus and hydrophobia, in nervous irritation, and that all the changes of structure and vascular alterations which present themselves in the dead body, are merely *effects* of the orgasm in the nervous apparatus. It is to this last that efficient remedies must be applied.—*Med. and Phys. Journ. April.*

4. EXTENSIVE ANEURISM OF THE ABDOMINAL AORTA.*

This case occurred in Dr. Elliotson's practice, at Bartholomew's, and is curious from the great size which the aneurismal sac attained The patient, J. Davis, æt 33, was admitted Dec. 31st, for pain in the right hip and thigh, which was thought to be rheumatic. On the 2d January, the man drew Dr. Elliotson's attention to a large circumscribed and indistinctly pulsating tumour in the right loin, which he said he had only discovered two days previously. No pulsation in the right iliac or femoral arteries; nor indeed in any part of the right limb; glands in the groins tumefied; pulse 120 and feeble. Dr E. now considered the disease aneurism of the abdominal aorta. On the 11th the patient expired rather suddenly.

Dissection. On examining the aorta an aneurism was found, commencing at the crura of the diaphragm, and passing down on the right side, to below Poupart's ligament. The right kidney was pushed into the right iliac region constituting the tumour observed during the lifetime of the patient, the vena cava was forced far away to the right. On the left side the cyst reached only a little below the kidney, which was thrown forward on the vertebral column. The whole circumference of the aorta, from its commencement to the giving off of the renal arteries, was dilated to about double its natural size, but the aneurismal sac came from its back part, and gradually passed over to the right side, extending, as has been mentioned, to below Poupart's ligament. The sac was filled with coagula, not deposited in layers; of the state of the coats of the artery the reporter is ignorant. The calibre of the stomach and intestines was much diminished, and the sigmoid flexure of the colon was removed to the opposite side of the abdomen. The aneurism had not burst.

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5. POISONING BY BELLADONNA.

Two interesting cases of this accident happened in the practice of Messrs. Adams and Smith, surgeons, of Torres, N. B. of which the following are the particulars. At 5 P. M. on the 5th November, Mr. Smith was summoned to the assistance of two boys, (brothers) one of two and the other of three years of age, who, in company with a third child, had eaten of the berries of the Atropa Belladonna, about one or two o'clock of the same day. The elder boy went to school, as usual, but when called up to his lesson, he could not speak. He laughed immoderately, and kept grasping at imaginary objects. He was, therefore, sent home; but the laughing continued, and his silence was changed into immoderate and incoherent loquacity, with constant bodily motion. Suspicions of the accident were quickly formed, and Mr. S. was sent for. He found the boy laughing and talking alternately—extremities in violent, and almost constant motion—eyes fixed —pupils dilated and insensible to light. Twenty grains of sulphate of zinc were given at twice, in the course of a few minutes, and the action of vomiting promoted by tickling the fauces with a feather. A great deal of reddish matter, containing pieces of the berries, was thrown up. By this time the younger boy was exhibiting the very same symptoms, and the same medicine was exhibited, but only in half the quantity. He threw off the same materials as the other. Solutions of tartar-emetic were given to both, but with great difficulty, as the jaws were firmly locked. The vomiting was kept up until both the boys had thrown off very much of the reddish stuff. Castor oil was then given to each. Meantime the symptoms of poisoning had increased. The muscular motions were incessant—respiration

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* Lancet, Jan. 27, 1827.

loud and croupal—faces swollen and red—incoherence the same. Enemata were repeatedly exhibited to assist the operation of the oil—and some vinegar and water was given in the intervals. 6 *o'clock*. The elder boy's breathing is loud and stertorous—face turgid and swelled—skin cold—muscular motion less strong—pulse not perceptible in the radials. He was put into a warm bath, and while there, the jugular vein was opened, and five or six ounces of blood abstracted. Considerable relief followed. He was put into a warm blanket. The inordinate muscular movements now came on periodically; and, in the intervals, there was a strong disposition to sleep evinced by both boys; but this was resisted by the attendants, till towards the morning of the *6th*, when indulgence was permitted. Strong coffee, and occasionally vinegar and water were given. 9 *o'clock in the morning of the 6th*. The elder boy has loud croupy cough. The other symptoms are still much the same in both patients. Four grains of calomel were given to each, soon after which the younger boy voided about twenty skins of berries, and in the course of the forenoon he had several fæculent motions. At 2 P. M. the younger boy was found cold and deadly pale, with scarcely any pulse. He was immediately put into the warm bath, and the chest rubbed with flour of mustard, while assafœtida enemata were thrown up. The animal heat gradually returned—the pulse became perceptible. At six o'clock, the same state of collapse returned, and again the same means were employed, in addition to which warm punch and chicken broth were frequently given. When taken from the bath, he was wrapped in warm flannels, and kept by the fireside. At half-past seven he was much revived, and called for some drink. He is still purged, and the stools are watery. It was not till the third day (*7th* November) that the boys became sensible to surrounding objects. Previously to this, they were quite blind, and candles held close to their eyes produced no effect, nor did they seem at all conscious of the light. They evinced much thirst after this, for some time, and had some slight convulsive twitches; but they gradually recovered.

Would the carbonate of ammonia have been more beneficial than the punch, when the alarming symptoms of collapse came on?

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6. ON ASPHYXIA.*

However insignificant the life of man may appear to the philosopher or the moralist, yet such is the tenacity with which people cling to the good and to the bad things of this world, that the renewal of health, and the resuscitation of life, (when suddenly suspended,) will always be held in high demand by every class and rank of society. The best modes of resuscitation, in cases of asphyxia from the inhalation of noxious gases, from strangulation, drowning, &c. have engaged the attention of many of our ablest physicians and experimental physiologists—but some doubts and difficulties still remain on this interesting subject. With the laudable view of contributing his mite to the improvement of medical science, M. Leroy has come forward with some researches on asphyxia, of which researches we shall furnish our readers with a condensed account in this article.

Every one is aware that, when atmospheric air is prevented access to the lungs, the heart sends black blood instead of red to the brain, and that death is the consequence. This death, however, is only apparent, in the first instance, and the vital phenomena may be generally revived by timely

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* M. Leroy. Magendie's Journal, for January, 1827.

and proper means. What are these means? They are of two sorts—those which tend to recall the animal heat, and to rekindle the irritability of the capillary vessels, as exposure to a warm temperature, frictions, fumigations, &c.—and those which are specially directed to the renewal of the respiratory process. The first class of remedial agents is far inferior to the second, though it should not be neglected, for by this class alone, life has been often recalled, when the vital phenomena had ceased. Some of the means ranged under the first class are of doubtful efficacy.

The fumes and the infusion of tobacco have been thrown up with the view of bringing into action the excitability of the intestine; but it is more than probable that the smoke and infusion of this substance act as sedatives rather than stimulants. M. Leroy prefers a current of galvanism directed from the mouth to the anus, in the direction of the alimentary canal. This measure he has tried, with considerable effect, in cases of strangulated hernia.

The grand object, however, is the re-establishment of the function of respiration. For this purpose the insufflation of air has been used ever since the days of Holy Writ. But is there no danger attendant on inflation of the lungs with air? Munro, who made use of a large pair of bellows, directed as much air to be thrown in by a single operation of the instrument, as would distend the lungs, and this precept has been handed down by his followers. But a contemplation of the delicate structure of the lungs, and of the force necessary to press down the diaphragm and dilate the chest, would suggest caution in the employment of this measure. The experiments made by our author will tend to show that this caution is not unnecessary.

He opened the trachea of rabbits, so as to admit an elastic tube, about a line in diameter, through which he blew in quickly with his own mouth, a certain quantity of air, (about two-thirds of what his own lungs contained.) The thorax of the animal was fully distended, and a gurgling noise was heard in the chest. In twenty seconds there were violent convulsions; strong efforts to breathe; and, in less than a minute, the rabbit was dead. On dissection, immediately after death, the right chambers of the heart were found gorged with black blood—the aorta contained the same—the lungs presented several black spots, apparently from extravasation of blood. The air-cells seemed larger than natural. This experiment was repeated on seven rabbits, and on one dog—always with the same results, excepting that, in some cases, there was a slight sanguineous and frothy appearance in the trachea.

This sudden death of the animals was evidently not caused by the mere introduction of *carbonized air* from the experimenter's lungs; for, when the same quantity was blown in *slowly*, the animal did not appear to suffer any inconvenience. After living two or three days with the tracheal fistula, the animal was then killed by the sudden inflation of the lungs, as above-mentioned. Our author endeavoured to restore to life the animals which had been thus killed by the forcible insufflation of air, but never once succeeded. It was remarked by an able physiologist, who witnessed some of these experiments, that, possibly the same deleterious effects would not have been produced by insufflation, had not the measure been employed on animals in a state of asphyxia, instead of on living animals. Our author placed animals in a condition of asphyxia, and then experimented; but the results were the same.

When a tube of half the diameter of the one above-mentioned, was used, the animal's life was not destroyed, and he only experienced some difficulty of breathing. Our author concludes that, if such effects result from forcible

insufflation, when the animal is in perfect health, the effects must be still worse where life is suspended, and consequently where the organic textures have lost a portion of their vital cohesion and powers. Is it not probable, suggests our author, that many people have been *prevented* from recovery, in cases of asphyxia, by the forcible insufflation, as performed by bellows, instead of having the vital spark re-kindled by artificial means? However this may be, the experiments of M. Leroy authorise caution in the resuscitative process commonly employed. Our author has invented an apparatus by which the air is more slowly and gradually introduced into the lungs than by the common bellows; but we cannot convey a proper idea of this apparatus without the plates, which may be seen in Magendie's Journal.

7. HYDROPHOBIA.

At a sitting of the Royal Academy of Medicine on 15th February, M. Léveillé detailed a case of supposed hydrophobia. A grey-hound was observed to gnaw and devour his coverlet, but he lapped water freely. His mistress offered him a lump of sugar, when he snarled and bit her finger. On the 27th of December the animal died. The lady, æt. 40, of a nervous temperament, thought little of the circumstance, when, at the end of January, she was seized, during a meal, with a sudden spasmodic constriction of the pharynx and jaws, so as entirely to prevent deglutition; there was likewise excessive agitation. A thick saliva ran from her mouth, and at the end of four days she died. No examination permitted. This communication gave rise to several remarks. M. Mark detailed the case of a child, which died of hydrophobia in 20 days after the bite, whilst the dog recovered. We are not quite clear (and such was the opinion of one or two of the members) that this was a case of genuine hydrophobia, but let that pass. We all know that the vulgar experimentum crucis of a dog's being mad or not, is his refusing to lap water. Now this is an error. M. Girard stated, and the observation is borne out by the experience of Professor Coleman in this country, that very few rabid dogs indeed refuse water. He observed, also, that the disposition to bite is not so common as is imagined, but we question if this remark be so correct. Mr. Coleman says that the dog will know his master to the last, and though he may bite him, it is only in a moment of irritation, from being unexpectedly touched or roused, and that he seems instantly to be conscious of his fault. The rabid dog indeed, is excessively irritable, and it is this irritability which makes him so snappish, and disposed to bite whatever is in his way. Another most characteristic symptom of approaching madness is the loss of the peculiar note by which the keeper of the hounds knows each dog. This is followed by a ravenous craving for food and drink, the animal tearing even the mortar or brick from the wall and devouring it. M. Vicery remarked that this pravation of appetite obtains at the commencement of the rutting season, at which time, wounds inflicted by the enraged creature are very liable to be followed by bad symptoms, as tetanus, or even spurious hydrophobia. The imagination too, has at times a great effect, as an instance of which, M. Barthelemi cited his own case. He had been bitten by an enraged dog, and, for three days, he had all the horror of water and difficulty of swallowing which characterise hydrophobia.

At a recent meeting of the Westminster Medical Society, this subject was introduced by Mr. Mayo. Two points attracted much discussion; the propriety of excising the cicatrix any time after the bite; and relieving the horrible spasm on the glottis by a free opening into the larynx between the thyroid and cricoid cartilages. In support of the first proposal, we may remark, that in many, if not most, of the cases on record, an irritation or in-

flammatory action appears to have been set up in the cicatrix, just prior to the developement of the constitutional symptoms. From this fact, it seems not improbable that the hydrophobic poison lurks for a certain time in the part, producing no effect on the system; and it follows, of course, that the removal of this part will prevent the disease from showing itself. Even after the symptoms have come on, it is worth while to operate, for, in such a disease, no experiment, provided it be not highly objectionable in itself, is to be rejected. We think the propriety of opening the larynx was likewise fully established by Mr. Mayo. By it we relieve (if we do no more) a formidable and agonizing symptom; a symptom, too, which appears to play an important part in the fatal termination. In a case of hydrophobia, which happened lately at Guy's Hospital, the bitten limb was amputated. This is certainly removing the cicatrix very effectually, but, as was remarked by Dr. Burder, the shock of so severe an operation might prove detrimental in itself, when the bare excision of a scar would not.* A circumstance was related by Dr. Johnson, which goes to prove that a specific poison is taken into the system and circulated there. A pregnant sow was bitten, and went mad. It was proposed by Mr. Coleman to cut the animal's throat, and save the litter. This was done, and eleven young ones taken from the abdomen, seven of which were saved. In the course of ten or fifteen days they all become hydrophobic, and died. In a case of rabies, we should be inclined to recom-

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* Since the above was written, the case has been published in detail, in No. 192 of the Lancet. The patient, a fine stout young man, æt. 17, was brought into Guy's about 12 o'clock at noon, April 19th. He had been bitten in the left hand by a dog seven weeks previously, whilst attempting to rescue some children from the animal. The dog itself escaped, and was not heard of afterwards. Nothing was done to the wounds, which bled freely, and were quite healed in the course of a fortnight. On the 17th he went to the Theatre, but felt some headache, languor, and sickness, and, on the morning of the 18th, symptoms of hydrophobia unequivocally developed themselves. On his admission, there was seen, on the back of the left hand, an irregular cicatrix, one portion being much more elevated than the other, and having a shining appearance, as if a fluid were contained in it: none, however, issued on puncturing the part with a lancet. The hydrophobic symptoms, convulsive paroxysms, &c. were well marked, the intellectual functions being, in the intervals, unimpaired. It was determined, in consultation, to remove the limb which had been bitten, which was done at 2 P. M. by Mr. Callaway. The paroxysms, during the operation, were very violent, but the loss of blood, which was considerable, seemed to control them in some degree, for a short time afterwards. Soon, however, a kind of re-action took place, and, at 8 P. M the unfortunate man expired. Throughout the disease the pupil was dilated. The pustules under the tongue were looked for, but none could be found. On dissection, there was rather more serum than usual found in the ventricles; on the right plexus choroides was a firm tubercle, the size of a split pea, slightly increased vascularity on the right side, in the cineritious part of the medulla oblongata, and on the same side of the medulla spinalis. The lung, on either side, was emphysematous, and the pleaura pulmonalis was raised, in patches, into vesicles on its surface. The cellular membrane covering the diaphragm was emphysematous in a high degree; the lungs were loaded with blood, and the bronchi filled with a frothy fluid. The upper part of the pharynx was pale, as was the œsophagus in its whole extent; the mucous membrane of the stomach, near its cardiac orifice, was rather vascular; the trachea, near its bifurcation, very much so. No other morbid appearances were discovered. In this case it will be seen that there was evident irritation of the cicatrix. The reporter's remarks are unworthy of notice.

mend the application of a great number of leeches to the throat and back of the neck, and the *free* exhibition of antispasmodics. These, with the excision of the cicatrix, and, if necessary, the opening of the larynx, are, in our opinion, the means most calculated, as far as we know, to give the patient a chance, desperate though that chance may be. Of course we are here speaking of a case to which the surgeon is not called until some time after the infliction of the wound, or till the disease has appeared.

We believe there are few, if any, well authenticated facts on record to prove that another animal, (not of the canine species, as the horse, the sheep, the cow, &c.) when bitten by a rabid dog, and affected with hydrophobia, is capable of propagating the disease. It is said, indeed, that an Italian monk was bitten by a goat that had gone hydrophobic from the bite of a dog; but the fact wants better attestation. Mr. Coleman has never known an instance of the kind in this country. He has known several instances of men bitten by horses and other animals that were hydrophobic from the bites of rabid dogs; but no bad effects ever ensued.

In respect to the pathology of this terrible disease, we conceive that the phenomena bear us out in supposing that a morbid poison is introduced into the system—that its malignant influence is directed to the centre of the nervous system, but chiefly to the medulla oblongata—that the first symptoms are those of excessive morbid sensibility and irritability of the various nerves of sense, especially those distributed about the glottis—that in a considerable number of cases inflammation supervenes about the base of the brain, the throat, the stomach, and other parts, though the disease sometimes terminates fatally before these marks of inflammation appear. If this view of the pathology be correct, it is evident that the two chief indications of *cure* (when unfortunately the disease has not been *prevented*) will hinge on powerful sedatives and depletion combined:—the former to tranquillize the excessive nervous irritability—the latter to prevent the inflammatory consequences which generally ensue.

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8. AMPUTATION, DURING INFLAMMATION AND SPHACELUS.

The propriety of such an operation has had advocates, but still more of opponents. The following case is recorded by Dr. Heustis, in the January number of the New-York Medical and Physical Journal.

Case. A labourer, given to intoxication, had his fore-arm severely jammed, by which accident the muscles upon the inside of the arm were separated from the bones, being mangled and lacerated. In three days, the arm was much inflamed and swollen, while an offensive sanies was discharged from the sloughy surface of the wound. Gangrenous vesicles were rising upon the integuments. An operation, though considered very hazardous, was proposed; but the physician in ordinary delayed it till the next day, when the danger, of course, was greatly augmented. Incipient mortification had extended nearly to the shoulder-joint. It was in the month of August, and in the climate of Albania. The arm was taken off very high up. Upon removing the dressings, on the third day, it was found that mortification had attacked the stump. The sphacelated portions, however, were thrown off, in a few weeks, and the man recovered.

Dr. Heustis considers that such an operation, under such circumstances, might be more dangerous in the lower, and consequently larger members.

9. SCIRRHOUS TESTICLE IN THE GROIN.

E. W. æt. 20, of a good constitution, had from birth but one testicle in the scrotum. This was the right, and in the left inguinal region was a tumour, not painful on pressure. On making any violent exertion, however, it inceased in size, and pain was felt in the direction of the cord. At the age of five years, W. wore a bandage for a twelvemonth, by the advice of a medical man, who considered the tumour to be hernia. This treatment caused much suffering, and it was discontinued by another surgeon, who pronounced the swelling to be occasioned by the testicle that had not yet descended. At the latter end of June, 1825, after an exertion, he felt a sudden pain in this testicle, which soon became hard and swollen. On his admission into hospital, December 20th, 1826, the left testicle lay in the inguinal canal, was very hard, and formed an oval tumour, in lenth six inches and nine lines, in breadth six inches and two lines The tumour was not very moveable, and the testicle was adherent to its coats. From its upper and outer part a kind of cord proceeded along the inguinal canal. The pain, which was incessant, was situated almost entirely at the lower part, and was aggravated by turning on the back. Either sitting or lying on the left side with the thighs bent on the pelvis gave most relief. As the disease was to all appearance scirrhus, extirpation was proposed and performed on the 23d December. The testicle was found to have issued from the inguinal canal, and just at its junction with the cord, it was tightly embraced by the external ring. The canal was slit up, and the cord found to be much hardened and diseased as far as the internal ring. Here it was at least an inch in thickness, and a ligature being placed upon it, the cord was divided below. In performing this operation care was taken to avoid the epigastric artery, but the peritoneum was wounded, and a portion of omentum protruded. The testicle being then removed, the wound was dressed with lint and adhesive plaster. In half an hour hæmorrhage took place, so that it was necessary to open the dressings and tie the bleeding vessel. In the evening inflammatory symptoms arose, and thirty ounces of blood were taken from the arm. Next morning it was necessary to take away twenty-two ounces more. After this all went on well—suppuration was established—on the 15th day the ligature came away from the cord, and on the 30th January, 1826, the patient left the hospital. In the course of the month, however, he returned, the cicatrix having given way, and an ichorous discharge flowing from the wound. On examination there was felt a deep hard tumour, and there was great pain in the cicatrix and loins. He would not submit to any treatment, and in a few days left the hospital.

This case of scirrhus affecting the testicle before it had descended is rather curious, but of course there is no reason why the organ should not be so affected in the groin as well as in the scrotum. It is highly probable that the pressure, by bandages, pads, &c. to which the testicle was submitted, and its exposed situation, predisposed it in a great measure to the disease. The state of the cord precluded any well grounded hopes of success from the operation.

Heidelberger Klinishe Annalen; tome ii. 3e cahier.

10. SULPHATE OF COPPER IN INFLAMMATION OF THE EXTERNAL TUNICS OF THE EYE.*

Mr. Teale, in an ingenious Essay on "the Tonic Treatment of Inflammation," illustrates some of his positions by a statement of the results which he

* Mr. Teale. Ed. Journal of Med. Science, No. VI.

has observed from the application of the sulphate of copper in ophthalmia. He had long been in the habit of using this remedy in chronic inflammation of the eye, and was afterwards induced to employ this stimulant in the acute stage, and more violent forms of inflammation of the conjunctiva, sclerotica, and cornea.

"The mode in which it has been employed, consists in lightly sweeping a crystal of that salt three or four times over the everted lower palpebra; the eye-lid is is then replaced, and the lachrymal secretion soon distributes the sulphate over the whole globe."

The pain generally subsides in a few minutes; or, if not, warm water gives relief. If this should fail, some warm milk or oil is to be dropped into the eye. In many instances, the vessels may be seen contracting in size, and the interstices between them becoming paler, immediately after the application of the sulphate; but more frequently it is followed by a slight increase of redness, and in children, the redness is often still farther augmented by violently rubbing the eyes. After a few hours, however, the increased redness subsides, and the vessels become gradually contracted. The original pain of the inflammation abates, the intolerance of light diminishes, and, on the following day, a decided improvement is observable. If the irritation produced by the sulphate be slight, the application may be repeated every second or third day.

Our author has seen this remedy employed, with great benefit, in the purulent ophthalmia of infants and adults, in every stage of the disease. If applied at the commencement of the disease, it frequently arrests its progress —and, in the more advanced stages, it mitigates the violence of the complaint. An advantage of this method consists in the prevention of the granular state of the conjunctiva. The same advantages, says our author, are derived from the application of the sulphate in catarrhal inflammation of the conjunctiva, and in those inflammations which arise from external irritation or violence. Great benefit has also been derived from this application in various morbid states of the cornea, as where it is permeated by red vessels, or affected with chronic or acute ulcers. Where affections of the eye are connected with disorder of the digestive organs, the constitutional affection is, of course, to be attended to, in addition to the local treatment. Neither does the employment of the sulphate preclude the use of other means of a local nature, as leeches, &c.

Mr. Teale makes many interesting remarks on the action of mercury, oil of turpentine, and quinine, in many inflammatory affections, which he explains on the theory that, in inflammation, the capillary vessels are in a state of debility and over-distention. For these remarks we refer our readers to the original paper.

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11. FRACTURE OF A CERVICAL VERTEBRA BY MUSCULAR CONTRACTION.*

This case is detailed in the Archives for March. A soldier, an excellent swimmer, plunged head-foremost into the Sambre. His companions seeing him struggle for some minutes, thought him in jest; but, perceiving that he became motionless, they ran to his assistance and dragged him out. On recovering his senses there was found neither fracture nor dislocation, but the limbs were paralysed—he could not support his head—skin insensible —severe pain in the lower part of the back of the neck, without any external wound—priapism, and frequent desire to make water. The patient

* M. Réveillon, Royal Academy of Medicine, sitting of the 8th February.

stated that, at the moment when he made the plunge he recollected that the water was shallow, and suddenly drew his head back to avoid dashing it against the ground, and that at that instant he lost all consciousness. Delirium came on, and in the night the man died.

Dissection. The meninges were of a deep red, and the vessels of the brain itself injected. There was sanguineous effusion around the vertebral column; the spinal canal, *without* the dura mater, which was sound, was full of blood, and, finally, "the body of the fifth cervical vertebra was fractured transversely, a little below its middle, so that the two plates of this bone were separated from the lateral masses."

This case is curious; but it is not improbable that the force with which the person plunged into the water, aided the spasmodic contraction of the muscles in producing the fracture of the vertebra.

ANALYTICAL REVIEW OF SELECT HOSPITAL REPORTS IN THE LANCET.

In this Review, as in the analysis of other journals, foreign and domestic, we shall greatly abridge and condense the original reports, by avoiding all circumlocution and unnecessary details. A majority of the cases we shall pass entirely unnoticed, as devoid of interest, or practical information. In our comments, we shall be guided by rigid impartiality and a sincere desire to promulgate truth and utility.

I.

BARTHOLOMEW'S HOSPITAL.

1. *Fatal Phlebitis. Case* 1. [Lancet, No 183.] ————, ætat 25, who had married at the age of fifteen, and been in the habit of drinking spirits freely from that time, was bled in the left median basilic vein, for some bruises she had received. Next day she returned to her usual occupation of weaving, (qy. drinking?) but in the evening the arm felt stiff and painful, and the bandage tight. The symptoms got worse, and Dec. 2, the 5th day from the phlebotomy, she entered Bartholomew's Hospital. The arm for some distance above and below the inside of the elbow joint was swollen, hard, red, and very painful on pressure, and there was a small crust on the wound in the vein. The axillary glands were unaffected. There was considerable constitutional irritation, and 16 ounces of blood were taken from the other arm, which made her faint. "Blood highly cupped and buffed; twenty leeches to the inflamed arm in the evening; calomel and jalap; and the saline medicine, with antimony, every six hours." Dec. 3d. Pain in the abdomen, increased on pressure, or a deep inspiration; in other respects rather worse. Thirty leeches to the inflamed arm. 4th. Epigastrium very tender; thirty leeches to it. 5th. Arm rather easier, but the inflammation is spreading to the axilla; pain in epigastrio gone.—*Calomel*, gr. iij. *4tis horis—Saline to be discontinued.* 7th. Wound in the arm discharges freely pus, sometimes mixed with blood, a considerable quantity of which issues from the vein on pressing the neighbouring parts. Pulse small, and 104—tongue furred—severe pains all over the body, particularly in the extremities. 8th. Much the same; the calomel, apparently beginning to affect the mouth, is to be discontinued—*salines*—twenty-five leeches to the fore-arm—fomentations. 10th. Much better—swelling and pain of the arm nearly gone, but thin pus still exudes from the orifice of the vein. On the morning of the 11th she seemed better, but in the evening she became pale and anxious; the skin was cold, the respiration 30 in the minute and laborious; pulse 104 and weak—abdomen painful on pressure—purging. 12th. Matter having

formed under the skin of the *right* arm, without redness, a puncture was made, and five ounces of good pus evacuated. "Painful swelling from effusion into the articular cavity." Ten grains of calomel and one of opium. 13th. The calomel has caused violent purging, and she is now evidently sinking. 14th. Died this morning.

Sectio Cadaveris. The husband was present, and the examination consequently hurried. There was inflammatory condensation in the arm and forearm; a chain of small suppurations, in the inflamed parts, along the course of the blood-vessels, with healthy pus from the elbow to the axilla. Axillary and subclavian veins, with the upper cava and heart natural. No disease in the chest nor abdomen, save that the liver was taking on the yellow appearance induced by indulgence in spirits.

Remarks. This case exemplifies well the melancholy manner in which the lower orders in London destroy their constitutions, not very good, perhaps, at the best, by the immoderate use of spirits. Here we see a wretched woman beginning to drink at the age of 15! and we cannot be surprised that, after ten years' habitual intoxication, she had not stamina enough to support so simple an operation as that of phlebotomy.

Case 2.* H. A. having an inflamed ulcer on the leg, was bled at St. Bartholomew's on the 26th of January. On the 28th he felt some stiffness in the elbow joint, (the left,) and during the night his sleep was broken, whilst he felt a peculiar sensation about his head. Next night he was restless and rather delirious. 30th. The arm was hot, tense, and much swollen, the tumefaction extending beyond the lower margin of the pectoralis major; the veins were enlarged and cord-like; the axillary glands enlarged also, and the absorbents traceable into them. There was considerable constitutional excitement. V.S. ad ℥xvi—calomel and jalap immediately—and one grain of the antimonium tartarizatum, with half a drachm of potassæ nitras, in solution, every four hours. 31st. Much the same; the blood was not buffed nor cupped—thirty leeches were ordered to the arm, and vesication by a large blistering plaster. The antimony had been discontinued by the dresser from its producing nausea. *Feb.* 1*st*. Great constitutional disturbance, the symptoms taking on more of a typhoid character. "The actual state of the limb could not be ascertained, on account of the irritating effects of the blister." Mr. Lawrence ordered the antimony to be resumed. 2d. Rather worse—symptoms of cerebral disturbance. 3d. The antimony, having caused vomiting and nausea, is to be left off. Twelve minims of tincture of digitalis in ℥ss. of saline mixture every four hours. 4th. Pulse 130—severe darting pains in the thigh and calf of the left leg. 5th. He is decidedly better. On turning down the bedclothes to look at the ulcer on the leg, the *right* knee was found to be much swollen, tense, hard, and unfluctuating;" the thigh was tumefied, and the superficial veins much injected. Cucurb. cruent. ad. ℥xvi—fomentations—"four grains of calomel in a pill, with the digitalis mixture as before, with an addition of three drops of the tinct. digit. made every four hours." 6th. He is better to-day; some pain in the right shoulder. 7th. The tongue is brown and parched—the countenance cadaverous—pulse 116—motions passed involuntarily. The thigh more swollen and livid. In the evening he became comatose, and at half-past four next morning he died.

Sectio Cadaveris. On removing the integuments, a small quantity of pus was seen pointing at the aperture of the median basilic vein, the coats of

* Lancet, No. 184.

which were thickened to about midway up the arm. "The vein was pervious throughout." On cutting into the knee-joint, pus and blood flowed from the opening. There was ulceration of the cartilages, the surrounding unabsorbed portion being minutely injected with blood. On making an incision above the joint, the cellular tissue between the rectus and cruræus was found infiltrated with healthy pus, the same obtained throughout their whole extent, between the cruræus and vasti, and in the structure of the muscle itself. On dividing the deltoid, to ascertain the cause of the pain in the shoulder, pus was found between it and the capsule of the joint, which was quite healthy. On opening the cranium, the tunica arachnoides was found thickened and opaque, and "the cellular tissue, connecting the pia matral vessels, was found completely saturated with serous fluid." On tearing this up from the sulci, the convolutions seemed shrunk and shrivelled. The divided cerebral substance was very vascular, covered with bloody points, and blood exuded on pressure. The lateral ventricles contained no fluid, it having passed through the third and fourth ventricles into the vertebral canal. The spinal marrow itself could not be examined.

3. *Nævus Maternus.* An infant, four months old, was admitted, with subcutaneous nævus on the middle of the dorsal spine, an inch in diameter. At birth, it was about the size of a six-pence. When received the nævus resembled half a small orange, in size and form. It had a spongy feel, and was reducible by pressure to nearly half its natural size. Mr. Lawrence passed a needle and double ligature through the base of the tumour, and then, separating the threads, drew them round, so as to encompass the whole base. The child cried incessantly during the remainder of the day, and was convulsed in the night. Next day it was fretful, but took the breast towards evening. It was convulsed the second night. *3d day.* Some bleeding occurred, but was suppressed by cold applications. *4th day.* Child very ill. Mr. L. sliced off two-thirds of the tumour, and then applied lint, moistened with cold water. *5th day.* The infant much better, and takes the breast. *6th day.* The ligatures removed, a poultice applied; and on the 7th day the tumour sloughed. The ulcer granulated kindly, and the child left the hospital cured.

4. *Dislocation of the 4th Cervical Vertebra, without Fracture.* A stout young man was brought into Bartholomew's, on the 8th January, under Mr. Lawrence. He had fallen with a barrel on his shoulder, while descending some steps, and the present accident was the result. He has now complete paralysis (of sensation and motion) in all parts below the neck. The respiration is performed solely by the diaphragm—he is sensible—pulse weak and slow—surface cold—priapism. After some hours, re-action took place, and venesection was performed, while purgatives were administered. Urine drawn off by the catheter. *9th.* A little sensibility in the front part of the chest, and some motility in the arms. He died on the 11th.

Dissection. There was complete dislocation of the 4th cervical vertebra from the fifth. Its inferior oblique articulating surfaces had passed in front of the superior articulating surfaces of the fifth cervical vertebra—its body, separated from the intervertebral substance, stood over that of the fifth, by its whole depth. No fracture could be discovered. The viscera were sound. It is to be regretted that no account is given of the state of the spinal medulla in this rare case. No doubt it was completely compressed.

5. *Cancer of the Penis.* We notice this case (Lancet, No. 191) to show the influence of diet on foul sores, as well as on the constitution. A man

presented himself to Mr. Lawrence, with unequivocal cancer of the penis, in an advanced stage. Three-fourths of the glans had been destroyed, and the sore had a sloughy, phagedenic aspect, with thick, hard, everted edges, and sanious fetid discharge. The glands in the groin were also hard and enlarged. The countenance was anxious, the pulse quick and small—the tongue loaded—bowels constipated. This man, who had a wife and five children to support, was ordered by the surgeon who attended him to take "*at least half a dozen glasses of Madeira and a pound of beef-steaks daily.*" The consequence of this was, an evident deterioration of his health, which had previously continued uninfluenced by the local complaint. Mr. Lawrence very judiciously advised him (as he could not come into the hospital) "to discontinue his fattening treatment—to substitute a light, unirritating diet, such as gruel, beef-tea, &c.—and to interdict himself from all vinous and fermented liquors." This regimen, with a bread poultice, and some aperient medicine, soon showed an evident effect on the constitution, and even the sore. In ten or fourteen days the patient again presented himself. The ulcer had lost its sloughy aspect—it had a clear and granulated appearance, the discharge being diminished and less fetid. The pain had also greatly diminished—the tongue was cleaner—and the countenance more healthy. The local complaint had gone past the period for an operation; but the malady was likely to be much mitigated by the system of diet directed by Mr. Lawrence.

6. *Erysipelas treated by Incisions.* T. R. aged 53, fell, and struck his elbow on the pavement, three days before admission, (Nov. 29th.) This was followed by an inflammatory swelling, distinctly circumscribed, extending from the olecranon, along the outer side of the fore-arm. There is a small laceration of the integuments over the olecranon, extending into the bursa, with discharge of some serous synovial fluid. The general health undisturbed. Calomel and jalap—senna and salts. Inflammation rose, and required venesection. On the 1st December, there was general inflammation, bearing the character of phlegmonous erysipelas, throughout the whole extremity below the elbow. Mr. Lawrence made two incisions with the scalpel, through the skin and cellular tissue, in the whole extent of the inflamed part—from above the elbow to near the wrist. The exposed cellular membrane was inflamed and thickened, and, in some places, was loaded with yellow and dusky effusion. 2d. The cellular tissue, and even the skin, is sloughing in some points—much constitutional irritation. *Purgation.* 3d. Is much better—inflammation subsiding. The case, after this, went on favourably, and the man was discharged cured on the 17th Dec.—*No.* 186.

7. *Syphilis communicated to a Fœtus.* A married female had four healthy children, after which she contracted a syphilitic sore, of which she was cured in the hospital. The two next children were still-born—and the third was the patient now under consideration, born four years after the cure of the chancre above-mentioned. In three days after its birth, red patches were seen about the umbilicus—and, in the course of another week, on the palpebræ, with desquammation of cuticle on the hands and feet. The child was brought to the hospital, got some powders, and seemed cured in a short time. Three months afterwards it was brought back, with copper-coloured blotches about the head and face, followed by excoriations about the anus—thickening, redness and excoriation of the palpebral margins—yellow, viscid discharge from the nostrils—thickening of the alæ nasi—a circular sore, the size of a shilling, on the perineum, with raised, but smooth surface. Four grains of the hydrarg. cum creta night and morning, for three weeks, nearly

dissipated all these symptoms; but one powder daily, for some time longer, was recommended.

We think it very doubtful that this female's word could be relied upon, as to the four years' immunity from syphilis previous to the birth of this last child.—*No.* 186.

8. *Phagedenic Ulceration.* A man was admitted under Mr. Lawrence, presenting a phagedenic ulcer, that had almost entirely destroyed the glans penis, and still forming a deep foul excavation, through which the urine was discharged. There was also superficial ulceration of the tonsils, and a foul ulcer on the side of the pharynx. Mr. L. considered the disease to be *phagedenic venereal*, the patient having had a gonorrhœa five months previously, and also a sore on the glans, for which no active remedies had been employed. Mr. L. determined not to use mercury internally, but only cinnabar fumigations, poultices, conium, and milk diet. Afterwards some wine was allowed, as several hæmorrhages had occurred. This treatment was pursued, with little variation, for seven weeks, when the ulcer of the penis was healed, as also were those of the throat. In another fortnight, the man was discharged from the hospital cured.—*No.* 186.

9. *Lepra Alphoides.* A little girl, aged ten years, was admitted with this eruption, which had existed for four months. The trunk, extremities, and hairy scalp, are studded with small, whitish, circular scales, unattended by any uneasy sensation, except slight itching when warm in bed. Mr. Lawrence ordered the warm bath thrice a week, with five grains of hyd. c. creta every second night, with some rhubarb the succeeding morning. This plan made little impression on the complaint, till salivation happened to take place, when the scales began to decline, and in three weeks she was discharged cured.—*No.* 187.

10. *Impetigo Figurata.* A case of this kind, for the description of which we refer to Bateman, Willan, Plumbe, or any other writer on cutaneous diseases, is reported from Mr. Earle's wards. The patient was a young man of 19 years of age, who had had this eruption for 12 months, on the lower part of one leg, and on part of both hands. He was otherwise healthy, but when the pustules break and discharge, they occasion a troublesome itching, heat, and smarting. Mr. Earle ordered a lotion composed of four drachms of sulphuret of potass to a pint of distilled water—five grains of blue pill every night—and a pint of the decoct. sarsæ daily. Under this treatment considerable amendment ensued, but it does not appear that the patient was entirely cured.—*No.* 188.

11. *Phlebitis.* Another fatal case of this kind is recorded in Lan. No. 192, from Bartholomew's. The patient, a man aged 47, applied for relief of thoracic inflammation (Feb 27th) and was bled. In three days he returned, complaining of pain in the wound, with inflammation of the surrounding cellular tissue, and evidently labouring under pulmonic inflammation. He was taken into the hospital—thirty leeches were applied to the inflamed arm, with a poultice—and antimonials in large doses (℥ss. of the liq. ant. tart.) given every four hours. Four doses, or grains of the tartrite were taken, without any sensible effect. The fever and inflammation (thoracic) running high, he was bled to 20 ounces, and had calomel and jalap, after which the *antimonial* as before. We need not pursue the treatment, which was simply antiphlogistic. The pulmonic inflammation was removed, or nearly so; but another and more dangerous phlogosis was strongly developing itself.

The arm (7th day) was now swelled—pus was discharged from the orifice when pressure was made over the track of the vein—diarrhœa—rigors. The antimony, calomel, &c. were discontinued. His debility and irritability now became considerable, and he lingered under irritative fever till the 31st March, when he expired, having discharged purulent expectoration for several days, and evinced high delirium prior to dissolution.

Dissection. The median and basilic veins were impervious, and reduced to a cord-like substance. The basilic vein led into an abscess, two inches above the original wound, situated in the track of the same vessel. Above the abscess, the basilic vein was lined with false membrane, which blocked up its calibre. There were several white spots on the surface of the heart, and extensive adhesions between the pleura costalis and lungs. In the lungs there were several vomicæ formed—the bronchia filled with mucus—abdominal viscera healthy—arachnoid over the hemispheres thickened and opaque—pia mater infiltrated—and some ounces of yellow serum in the lateral ventricles.

In this case there was evidently a renewal of the pulmonic inflammation, when the fever of phlebitis became established—thus rendering the disease much more dangerous and intractable than simple phlebitis.

II.

GUY'S HOSPITAL.

1. *Scrotal Hernia—Unsuccessful Termination.** ———, æt. 62, entered Guy's, Feb. 13th, under Mr. B. Cooper, with a scrotal hernia which he had had for twenty years, but which had descended ten days previously, and could not be reduced by his medical attendant. On his admission he had the usual symptoms of strangulated hernia, and after the taxis, &c. had been ineffectually employed, the operation was performed. On opening the sac a large portion of omentum was seen, which adhered to it and to a small knuckle of intestine which lay beneath. As its vitality was much impaired, it was removed, save a small portion at the neck of the sac. The intestine was "dark coloured, and dull in appearance." "The stricture which was at the internal ring, was freely divided," and the intestine easily returned. In about three quarters of an hour, symptoms of collapse took place, with vomiting of feculent matter, and in six hours the patient was dead.

Dissection. The omentum in the sac was gangrenous; on opening the abdomen, the pelvis was found filled with feculent matter, and lying near the mouth of the sac was a fold of the ileum, of a dark colour, and evidently the knuckle of intestine which had been strangulated, and returned. By squeezing the intestinal contents they were seen to pass out of two small openings in the gut, one on each side, just where the stricture had been. These openings looked like ulcers, and the peritoneal coat appeared to be destroyed in several parts about the seat of stricture.

Remarks. After ten days' strangulation, there was no very great chance of the operation succeeding, but yet it was quite right to give the patient that chance. We are almost inclined to doubt the propriety of returning the gut in this case, for in these old adherent herniæ, experience we apprehend is against, rather than for the practice. Besides, if the report be correct, the gut "certainly seemed to be closely approaching to, if not

* Lancet, No. 184, 1827.

actually in a state of mortification." At the same time these appearances of "approach to mortification" in strangulated intestine are very deceptive.

2. *Fistula in Perineo.** G. B. æt. 50, entered Guy's Hospital, January 10th, under Mr. Morgan, with fistula in perineo.

The treatment consisted in first passing a catheter, by which the canal of the urethra was found to be very little obstructed. The fistula was immediately behind the scrotum and tortuous in its course; the integuments around much thickened. The sinus was freely laid open with a bistoury, apparently to its termination in the urethra, and a gum catheter introduced. This was to be worn constantly. In spite of this, the urine, at the end of three weeks, continued to dribble from the wound, and though this had nearly closed externally, Mr. Morgan suspected that the irritation of the catheter might prevent the healing process within, he accordingly withdrew the instrument. This had no effect, and the parts were divided a second time, the wound dressed with lint, and the gum catheter left in the bladder. The patient after a certain time left the hospital quite cured.

3. *Spinal Injury.* Harriet Cornix, æt. 17, was admitted, March 14th, under the care of Mr. Morgan. Six months previously, whilst getting out of a stage-coach, she slipped and fell upon her left side on the pavement, striking her head at the same time. Whilst falling, she felt something "push her neck aside," and on recovering her senses, for she was stunned for upwards half an hour, she found her neck immoveably flexed towards the left side, the vision of both eyes was dim, that of the left continued so for several hours, the right eye recovered itself sooner. A surgeon applied leeches to the occiput, and in the course of ten days, the patient complained only of the distortion. After a time she began to feel a tingling pain in the neck and left arm, extending down the spine to the loins. She consulted several medical men, Mr. Stanley, Mr. White, Dr. Whiting, &c. but obtained no relief. On admission the neck was found permanently twisted to the left side, the least attempt at motion producing extreme pain. She had various nervous symptoms, as pain on raising the left arm—occasional tremors of the whole frame, with spasmodic twitchings of the muscles of the lower jaw and left side of the face—the tremors too, on close examination, were seen to be confined to the muscles of the left side of the body, and pressure on the spines of the cervical or upper dorsal vertebræ produced these twitchings, and a violent darting pain through the body. This last was at times present, independent of pressure. "On accurately tracing the spinous processes, we could not discover any displacement; *this was the opinion also of Mr. Morgan!*" There was lateral curvature, the convexity towards the right side—health good—bowels and catamenia regular.

Twelve ounces of blood were taken from the back of the neck by cupping, and an issue on each side of the lower cervical vertebræ—half a drachm of carbonate of iron thrice a day. Subsequently half an ounce of the decoction of aloes, with two drachms of the compound spirit of ammonia and peppermint water were given thrice a day—the dose of the decoction afterwards reduced to two drachms. Calomel and scammony every second night, and moxa over the lower cervical spinous processes. The carbonate of iron was omitted in the course of a few days. The patient at the date of report, April 14th, was much as when she entered the hospital.

4. *Fatal Spinal Disease.* T. Y. æt. 22, in February, 1826, fell from a cart,

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* Lancet, No. 189, 1827.

but was able to walk home, and follow his usual employment. He suffered, however, occasionally, violent pain in the back, and distressing weakness, which increased so as to confine him to his bed. He was bled and blistered, and had what he called convulsion in his lower limbs, with great loss of power. He went for two months to the Margate Infirmary. On his admission, Feb. 21st 1827, into Guy's, volition and sensation were entirely gone in both legs below the knee, and they were imperfect in the thighs. He had constant gnawing pain in the back, which prevented him from sleeping; there was some slight projection at the lower dorsal vertebræ, but no tenderness on pressure. There was incontinence of urine, and when the bowels were much relaxed, the fæces passed involuntarily. In spite of blisterings and cupping, the man became more feeble—sloughs formed on the nates, and in six weeks from the time of his entering the hospital he died. No dissection was allowed.

This case is interesting. In the absence of direct proof by dissection, it seems highly probable, that chronic inflammation was set up in the medulla or its membranes, in consequence of the injury, and that this inflammation terminated in alteration of structure.

5. *Nævi Materni.* The profession was favoured some years ago with a paper from Mr. Wardrop, published in the Medico-Chirurgical Transactions, on the subject of a natural cure which nævi materni sometimes undergo, by a process of spontaneous ulceration. The distinguished surgeon abovementioned imitated this natural process, by applying a strong solution of oxymuriate of mercury to a nævus on a child's back. In this instance, the skin ulcerated rapidly, destroying the substance of the tumour. Two cases are reported from Panton Square, in No. 181 of the Lancet, where a similar practice was adopted.

Case 1. A child, aged 13 months, had a small nævus, the size of a sixpence, on the middle of the frontal region, the central portion of which was of a bright red colour, and to this centre several tortuous vessels ran from the circumference. A piece of adhesive plaster, with a hole in its middle, was applied over the nævus. Through this aperture the kali purum was admitted to the surface. A eschar formed and separated, and subsequent ulceration destroyed the whole of the nævus. The part was cicatrized in three weeks.

Case 2. This was nearly similar, except that the nævus was situated on the cheek. The same treatment was adopted, and the same result ensued.

We lately saw a nævus situated on a child's head, and projecting a couple of lines in height, being about the size of a shilling. By some accident the nævus was irritated—then inflamed, ulcerated, and became destroyed. The child appeared to suffer a good deal during this ulcerative process.

6. *Spina Bifida cured.* Mr. Probart, of Hawarden, has communicated a case of spina bifida cured by repeated punctures and discharge of fluid from the tumour. There was a loss of bony substance in the situation of the second lumbar vertebra, and the lower extremities were completely paralytic. When the child was about three months old, the operations were commenced. After a few puncturings, there came on considerable inflammation in the integuments of the tumour, and the child had some smart convulsive paroxysms. But by emptying the bowels, and applying leeches to the parts, the inflammation was reduced, and the convulsions ceased. The integuments covering the spina bifida became thickened, and then a plaster and compress were applied with pressure. By these means the tumour was reduced, and ultimately disappeared, leaving a depression in its place. *Lancet, No.* 186.

EXTRA-LIMITES.

PRIZE HOSPITAL REPORT, NO. II.

Mr. GEORGE BURY, Pupil,

WINCHESTER COUNTY HOSPITAL, HANTS.

I.

INTERMITTENT FEVER.

The prevalence of ague both in the city and neighbourhood of Winchester, during the present season, has been beyond precedent. I may state that of the number of in and out-door patients, admitted weekly into the County Hospital within the last three months, on the average one-third have been subjects of intermittent fever. The disease is met with in all parts around, and all situations, and does not appear to be more frequent in one place than another. The cause of the increased frequency of this complaint seems obscure, but I think it may be fairly attributed, in great measure, to the excessive heat of the summer and autumn of the past year, having been productive of augmented decomposition of vegetable matters, and a consequent increase of evaporation.

In the cure of ague the cinchona and quinine are in general use in the practice of the Hospital, and have been found universally successful, either with or without the additional employment of emetics, purgatives, opium, &c. The preference is most frequently given to the quinine, on account of the efficiency of small doses of the salt, and the advantages, in consequence, over the comparatively large quantities of Peruvian bark usually required; and within my own observation the bark given in substance, though equally certain in its result, takes a greater length of time in subduing the disease, than when administered in the form of sulphate of quinine. Illustrative of the speedy effects of which, the few following cases are briefly subjoined.

Cases.

Case 1. Jesse Scorey, 65 years of age, was admitted into the hospital on the 18th of April, under the care of Dr. Phillips, having ague of tertian type, which had existed for twelve days. The paroxysms were severe, and lasted about ten hours; they came on at first three hours earlier after each intermission, but the two last have succeeded each other regularly on alternate nights, at 12 o'clock. The patient is uneasy during the intervals, complaining of difficulty of breathing, and pain in the head. He expects the cold fit to return at the usual hour to-night. Three grains of the sulphate of quinine were ordered to be taken every sixth hour in the form of pill.

April 19th. The man took two pills before the approach of the expected paroxysm, which was less severe, and continued five hours only. P.

21st. The ague did not return at the usual and expected time last night. P.

25th. He persisted in taking the quinine up to the present date, when he was dismissed, having had no return of the complaint since the day of his admission.

Case 2. George Sharpe, ætat. 15, was admitted, April 25th, under the care of Dr. Littlehales. He states that, fifteen days ago, he was attacked with ague, which returned at such irregular periods that he could not be at all certain of its approach: latterly, however, the attack has come on every other morning, at 8

o'clock. Ordered a purge of calomel and jalap immediately, and thirty drops of laudanum to be taken half an hour before the approach of the ague.

April 26th. Upon inquiry we learn that the paroxysm returned at the usual hour this morning, and that the different stages of the fever were of comparatively short duration, though not much mitigated in intensity. Rep. haust. anod. adveniente rigore.

3 o'clock, P. M. He complained that the well known sensations preceding a paroxysm were now present; a repeated dose of laudanum was given, which in a few minutes seemed to check all unpleasant feeling, and entirely prevented the attack.

28th. The paroxysm returned, rather before the usual time; but was considerably shortened by previously taking the tinct. opii. as ordered before. R. Quin. sulph. gr. iij. 6tâ. quâque horâ sum.

30th. The ague did not return. Continue the quinine.

May 2d. No return of the ague since last report, and he was this day discharged.

Case 3. John Eldridge, æt. 31. Admitted under Dr. Phillips, May 9th. States that he was first taken about six weeks since. That the ague has been twice subdued by taking a mixture (in which bark was an ingredient) twice a day in brandy, and has returned each time after an interval of fourteen days. The fever makes its approach every other day, but at uncertain hours. It lasts but little more than one hour. R. Pil. quin. sulph. 6tis horis sumend.

May 10th. Ague came on this morning, and was of half an hour's duration. P.

12th. Fit did not arrive at the time expected. P.

16th. Ague has not returned since the 10th inst. and the man now left the hospital.

Case 4. John Warner, æt. 22. Admitted May 9th under Dr. Phillips, having ague of tertian type, which first came on about three weeks ago. The fit has occurred to-day, and continued for one hour, which is the usual length of its duration. R. Pil. quin. sulph. 6tis horis.

May 11th. Ague has not returned at the expected time. P.

16th. There has been no return of the complaint since the day of the patient's admission. He was now discharged.

Case 5. Stephen Scorey, æt. 14, admitted under Dr. P. with quotidian ague on the 9th May. The paroxysm comes on regularly at 7 o'clock, A. M. and lasts nearly throughout the day. He has been ill for a fortnight, and is very much debilitated. R. Pil. quin. sulph. 6tis horis.

May 10th. The fever appeared this morning at the usual hour, but was considerably less severe, and lasted two hours only. P.

11th. Ague did not return. P.

23d. He has experienced no return of the ague; but was retained in the hospital up to this date, taking the quinine latterly twice a day to restore his strength.

II.

AMPUTATION.

Of capital operations performed at this hospital, amputation of the extremities is the most frequent. The circular incision, when practicable, is generally preferred, though cases sometimes occur in which the flap-operation is required. Linen retractors are on most occasions used in amputations of the fore-arm and leg, but seldom in those of the arm and thigh. The fore-arm is usually amputated at a short distance from the elbow; and when amputation is necessary for disease or injury of the hand, the wrist being in a sound state, it is performed between the extremities of the radius and ulna and the carpal bones, in preference to amputating higher up, and dividing the annular ligament; thus destroying the connexions of the different tendons, the consequences of which are the burrowing of purulent matter between the muscles, and the formation of sinuses extremely difficult to heal. The arm, leg, and thigh, are at all times removed at the places most generally recommended; viz. about three inches above the olecranon; between four and five above the patella; and four inches below the patella. The divided arteries are secured by dentist's silk, waxed, and, when applied on the larger vessels, for the most part doubled. One of the ends of the silk is cut off a little beyond the knot. Rollers are always used to give support to the parts, as they have been

here found, upon experiment, to be attended with decidedly good effects. The integuments are preserved in contact by strips of empl. resinæ, and when a flap is made, sutures are employed also. Some simple cerate spread on lint is laid over the straps; compresses of their linen are then applied, and kept in situ by a light bandage.

The result of the amputations performed in Winchester may be learned from the brief statement of the principal of those that had taken place during the last two years, which I here insert without comment.

	No.	Cured.	Died.
Amput. at shoulder joint	1	1	0
Do. of arm	3	2	1
fore-arm . . .	1	1	0
at wrist joint . .	1	0	1
of thigh	10	7	3
leg	7	6	1
through metat. bones	2	2	0
Total	25	19	6

The subsequent cases requiring amputation have come under our notice at the Winchester Hospital, during the present quarter.

Case 1.—*Amputation of the Thigh.*

Anne Jupe, ætatis 14, of scrofulous diathesis, was admitted under the care of Mr. C. Mayo, on the 1st of March, to undergo amputation in consequence of disease in the right knee. She had been an in-patient of this institution for a considerable time during the latter end of 1826, for the relief of the same complaint, when, after numerous remedies had been employed, she left at a time the disease was in a more quiescent state, but the joint was incapable of motion, neither could she rest the limb firmly upon the ground. During the interval from her quitting the hospital to her re-admission, the joint remained enlarged and painful, and she could not walk without suffering an increase of pain. The incurable nature of the disease being pointed out to her, amputation was proposed, to which she consented, and the limb was removed by the circular incision on the 5th of March. The bleeding vessels were secured by ligatures; the integuments were brought together, and adhesive straps applied from below upwards, with compresses and bandages in the usual manner.

The girl experienced great relief from parting with the diseased member. The stump was dressed on the 5th day, (which is the usual period of removing the dressings after amputation at this hospital,) and was found to have united favourably. Some time elapsed before the ligatures came away. The patient gradually recovered from the effects of the operation, and left the hospital cured, the 18th of April.

Upon examination of the knee-joint, the synovial membrane was discovered to be considerably thickened, and lined internally by a solid grumous substance; the cartilages of the condyles of the os femoris, and head of tibia, were partially absorbed, and pus was contained in the cavity of the joint.

Case 2.—*Amputation of the Thigh.*

Mary Taylor, æt. 40, was received into the hospital, Nov. 22d, 1826, labouring under rheumatism, and was placed under the care of the physician. The rheumatic pains were relieved by the means usually employed; but, towards the latter end of January, 1827, acute inflammation took place in the synovial membrane of the left knee, for which she was attended by Mr. H. Lyford. The constitutional disturbance was great; the joint was immensely swollen; and the pain in it excessive, but was very much alleviated by the constant application of a lotion made with extract of belladonna, spirit of wine, camphor mixture, and water. The sympathetic fever was considerable and listed long; the strength was supported by bark, wine, and other stimulants; the knee-joint was rested on pillows, with the limb flexed, and the above lotion constantly applied.

March 5th. The fever having in a great measure subsided, and as it was considered that the patient's constitution would sink under the irritation of the diseased joint, the limb was this day amputated by the circular incision. The arteries and *femoral vein** were taken up and secured by ligatures, and the stump was

* It is customary with the surgeons of this hospital to secure the bleeding veins, a practice which they have never known to be attended with unpleasant effects.

dressed in the usual manner, the integuments being brought together from below upwards. The wound united by adhesion, but a most profuse discharge was kept up in the neighbourhood of the ligatures. The strength of the patient was maintained by the copious administration of wine, porter, sulphate of quinine, &c. About the fifth week the stump was poulticed in consequence of the quantity of the discharge being undiminished; one or two ligatures only had been cast off, and the stump was exquisitely painful and tender. The remaining ligatures separated soon after the application of the poultices, which were continued to the end of April, at which time the purulent discharge had nearly ceased, and the sinus formed along the course of the ligatures was healed.

No examination of the diseased joint was made in the presence of the pupils at the hospital.

Case 3—Amputation of the Leg.

W. Batchelor, æt. 37, was admitted into hospital, March 29th, in consequence of disease in the right ancle-joint. There was great enlargement of the parts surrounding the joint, and several sinuses, which gave issue to an abundant discharge of unhealthy matter, were connected with it. On examination with a probe, diseased bone was felt at the extremity of each sinus. The patient's sufferings were and had been extreme, and the constitutional disturbance was considerable. It was Mr. Lyford's opinion that sloughing of the tendons had taken place, and that the disease of the bones of the ancle was such as to preclude the possibility of saving the limb. The man's health was attended to, and poultices with fomentations ordered to be applied twice a day.

April 9th. The leg was removed by the circular incision at the usual place below the knee. Mr. Lyford used a large catling, which he found more expeditious than the common amputating knife. Six or seven arteries required ligatures. The integuments were approximated from side to side, and the dressings applied after the usual manner. The stump was dressed on the sixth day, and most perfect adhesion was found to have taken place. But the patient, whose constitution was broken up by previous habits of intemperance, never rallied, and the stump and knee after the few first dressings, began to assume a sloughy aspect. Poultices were used, and wine, bark, with other stimulants, liberally administered, but he gradually sunk, and expired on the evening of the 9th of May.

The body was not examined.

Case 4.—Amputation of the Thigh; the only ligature employed remaining on the vessel a long time after the stump was healed.

Elizabeth Hathaway, nine years of age, came into the hospital, March 7th, under the care of Mr. W. Wickham, for the purpose of having her right leg removed, in consequence of an affection of the knee-joint. Numberless remedies had been previously tried, both in this hospital and in private, to arrest the progress of the disease, but it gradually advanced during several months, undermining the poor girl's health. The limb was removed by amputation on the twelfth of March. The femoral artery alone required to be secured; for which purpose a waxed ligature of strong silk twisted double was employed. One end of the ligature was cut close to the noose, and the other left hanging out at the lowermost part of the stump. The integuments were brought accurately together from side to side, and retained in contact by adhesive straps, compress, and bandage, applied as usual. The stump was again dressed on the fifth day, and found to have united most favourably; the line of union was about one-sixth of an inch in breadth, excepting at its two extremities, from one of which the ligature depended. Strips of plaster were re-applied, interposing two longitudinal pledgets of lint between them and the stump on either side of the line of union. The dressings were renewed every second day up to the 26th of March, at which time the stump was perfectly healed, save the end containing the ligature, and the other, which was touched with the lunar caustic, and lightly covered with a small piece of lint. A considerable quantity of good pus daily escaped from the vicinity of the ligature till within a few days of its separation, which did not take place before the 12th of April, when it was followed by a flow of matter apparently contained in a cyst formed round its extremity. A small quantum of pure

lent fluid as well as serous, which had burrowed in the course of the ligature, was for a few days squeezed out through the orifice left by the latter. The sinus, however, soon spontaneously closed, and every part of the stump was perfectly cicatrized by April 18th.

Remarks.—In this case it will be observed that the stump was healed in the short space of a fortnight, but that the patient could not avail herself of the advantages of so speedy an adhesion of the integuments, because the ligature still remained on the artery. Consequently she was confined to her bed for three weeks after the cicatrization of nearly the whole stump, as any exertion on her part might, at any period before the separation of the ligature, induce dangerous hæmorrhage. I think it not improbable that the irritation, in comparison trifling, caused by the existence of only *one* silk, was particularly favourable to so quick an union of the parts; since it has been satisfactorily ascertained by Mr. Lawrence and others, that all large wounds in which there is need of ligatures, would unite more speedily, if the necessity of these extraneous bodies could be superseded. Every one, accustomed to the dressing of stumps after amputation, must have frequently witnessed the uncertain length of time before ulceration of the coats of the vessel take place, to allow of the removal of the ligature. In the present case the ligature was retained a long time, though not unusually long, for in another case of amputation of the thigh (Case 2,) in an adjoining ward of this hospital, all the ligatures were not cast off till the 20th of April, although the operation was performed a week prior to the one which is now under consideration. Mr. Wickham, regretting the unavoidable necessity of the patient's confinement to bed for so long a period after the healing of the stump, and knowing the success of Mr. Fielding, of Hull, in the employment of ligatures made of silk-worm gut, determined on making use of them, in the manner recommended by that gentleman, in the following case:

Case 5.—Amputation of the Thigh. Ligatures of Silk-worm Gut applied on the Vessels.

George Staples, ætat 9, in appearance delicate, but having always enjoyed perfect health, was made an in-patient of Winchester Hospital, on the 14th of March, having extensive disease of the right tibia, commencing from near its head, and continuing to the ancle-joint. The integuments of the anterior part of the leg were discoloured, and perforated by numerous sinuses communicating with the shaft of the bone, and two or three on either side of the ancle, from which a copious discharge escaped. The patient stated that the leg had not been affected for more than six weeks; but from the existence of diseased bone to such an extent, his testimony can scarcely be relied on. It was not painful, except when touched, or handled roughly. Fomentation and poultices were applied, the action of the bowels regulated, and, as the boy's health was declining, and the disease considered irremediable by any other means, amputation was performed above the knee by the circular incision on the 6th of April, Mr. Wickham thinking it impracticable to amputate below, because the head of the tibia was enlarged, and (as it afterwards proved to be) very probably carious. The femoral artery, four others, and one small vein which poured forth blood freely, were secured with silk worm gut, made ductile by previous maceration in warm water, as recommended and practised by Mr. Fielding; both ends of the ligatures were cut close to the vessels; the integuments were brought into contact by adhesive plaster from side to side; the stump dressed in the usual way, and the patient was placed in bed, having the tourniquet loosely applied round the thigh by the direction of Mr. Wickham, as a reserve in case hæmorrhage might ensue. The boy bore the operation ill, but was calm and tranquil up to the fifth day, when the superficial dressings were removed, and the adhesive straps snipped with the scissors over the surface of the stump, to give outlet to any matter that might have accumulated beneath them; but none escaped; some simple cerate spread on lint was then laid upon the strapping, with a lightly applied compress and bandage. All the dressings were removed on the seventh day. The stump had united by adhesion, though the upper edges of the integuments were some distance from each other; it was dressed in the same manner as the case preceding. On the evening of the day after dressing

(April 13th,) owing to the restlessness of the patient, the bandage slipped forward, in consequence of which the dressings were again applied rather prematurely, but fortunately no adhesions of the integuments were materially disturbed. The patient was free from any pain in the stump, and had on that day a little roast meat for dinner.

April 21st. The bandage and dressings have again become loose from the boy's turning in bed last night, and the integuments, being deprived of their wonted support, have retracted, and the wound of the stump is consequently enlarged.

May 4th. The wound has been dressed with regularity alternate days, and is now completely cicatrized. The quantity of discharge at each dressing has been inconsiderable, no more than ordinarily issues from a granulating surface of the same dimensions situated in other parts of the body. No pain or tenderness is discoverable by pressing near the extremity of the stump; which affords good reason to believe that the small portion of gut used in the ligatures has been taken up by absorption. The little patient has sat up the greater part of the day during the last week.

16th. The boy was retained in the hospital up to this time, by desire of Mr. Wickham, in order that further progress of time might confirm the fact of absorption of the ligatures.

Remarks.—That the silk-worm gut ligature can be employed with safety, the preceding case tends to prove; and as far as an isolated instance has weight, in addition to the cases given by Mr. Fielding, we may infer that the silk-worm gut may be applied on vessels with greater advantage than any other substance that has hitherto been proposed. In perusing the above case, it cannot but strike the reader that the cicatrization of the stump was considerably retarded by the displacement of the dressings, owing to the restless motions of the patient; had not this circumstance occurred, it is Mr. Wickham's opinion that it would have been effected in little more than a fortnight. But, independent of this, the wound was healed in the present case in less time than the one preceding by nine days, although the adhesion was by no means so favourable; and the boy was able to sit out of bed a week before it was healed, a privilege which Hathaway, though otherwise fully equal to it, was prevented from enjoying until the ligature separated.

The number of vessels tied in the present case serves not a little to show, that hæmorrhage can be effectually arrested by the application of silk-worm gut; and as we have no grounds for disbelieving that the particles of gut have been acted upon by the absorbents, for the same reason the case points out to us, that this animal substance is capable of being absorbed in considerable quantity even in a young and delicate constitution. Future trial and experience will decide on the superiority or inferiority of the silk-worm gut ligatures; but Mr. Wickham is so impressed with the belief of the former by the issue of the above case, that he has resolved upon using them again the first opportunity that presents itself in his hospital practice; and I had indulged the hope that, before the termination of this report, I should have been enabled to have given the result of some other case or cases similarly treated.

III.

DISEASES OF THE HIP-JOINT.

Case 1.—*Chronic Inflammation of the Synovial Membrane.*

Treated by W. J. WICKHAM, Esq.

SARAH BULPITT, 22 years of age, was admitted into hospital on the 4th of March, on account of an affection of the left hip. She states that she has experienced in walking some pain accompanied with limping for nearly two years. She complains of pain rather severe confined to the joint, which is swollen externally, and tender to the touch, particularly in the groin. No elongation or abbreviation of the limb can be discovered on examination; nor has there been either at any former period. The thigh and leg have retained their natural size. Her health is undisturbed; appetite good, and she sleeps tolerably well at night. She was desired to keep her bed, some opening medicine was ordered, and blood was taken from the joint by cupping to ℥x. House Diet.

March 6th. No sensible relief has been derived from the cupping. A seton was to-day introduced behind the trochanter major.

10*th.* Pain of the hip-joint is diminished by the counter-irritation of the seton, which discharges plentifully.

21*st.* Patient has, till within the last few days, been surprisingly easy, but she now complains of an increase of pain in the hip, which disturbs her rest by night; the secretion of the seton is less in quantity. Mr. Wickham ordered the application of a blister near the seton, and one grain of opium to be taken every night.

27*th.* Considerable benefit has attended the use of the blister, which is now healed; a poultice was directed to be applied over the seton, to encourage the discharge of matter.

April 4th. She continues easy; sleep is still procured by the opium taken at night.

12*th.* The discharge from the seton has increased since the cataplasms have been employed; the tenderness and swelling of the joint are relieved by the seton. The blister was to-day repeated in consequence of a slight return of pain.

21*st.* The joint has been easy, subsequently to the application of the blister; the observance of rest is still enforced, and the seton-threads are continued. The bowels have been obstinately constipated, but have, at length, yielded to repeated calomel purges. Another blister was ordered to be applied to the hip, and to be dressed with the Sabine ointment.

27*th.* The patient complains of occasional pains in the hip, but not of a severe nature.

May 2*d.* Hip easy; the seton has nearly ulcerated through the skin.

5*th.* The seton-threads separated on the 3d, and the patient has been since in great pain, both in the hip and shoulder likewise, which, she says, was affected before her admission, but has been altogether free from pain, since the remedies mentioned above have been applied to the hip. A blister was now ordered for the hip, and shoulder also.

12*th.* Pain of the hip and shoulder-joints has been successfully relieved by the blisters. The woman still keeps her bed, and no motion is allowed. The blister to the hip was this day repeated.

19*th.* Patient sits out of bed the latter part of the day, and says the hip is only painful at times. She has had recourse to another blister, which she used as soon as the former one was healed.

24*th.* She has complained of severe pain in the knee, and a little above that joint, but it has been greatly relieved by applying a blister last night immediately above the patella.

27*th.* The patient has at present a tolerable use of the limb; she can walk without suffering pain, but complains of slight swelling of the integuments of the knee-joint and calf of the leg. There is no alteration from the natural form and appearance visible in the hip; nor any pain, as a plentiful discharge comes from the wound made by the seton, which she has always found more effectual in mitigating pain, in proportion to the quantity of discharge secreted. Her health, which, it will be seen in the report, has undergone no change, is not in the least affected; and, from the present features of the case, we may infer that, by perseverance in the plan of blistering, the local disease will be, ere long, removed.

Case 2.—Apparent Elongation of the Thigh, with Wasting of the Nates.

Treated by W. J. Wickham, Esq.

Richard White, æt. 18, was admitted, February 21st, with disease of the right hip-joint. He complained of pain proceeding from the joint down the anterior and inner part of the thigh to the knee, where it was most severe. *Pain* in the thigh had been constant for the last three months, but not in the same situation as at the above date. He had been an inpatient of the hospital in the early part of January last under the care of one of the physicians, at which time the pain extended from just below the trochanter major down the *outer* side of the thigh, to the outer malleolus. On the supposition that the disease was sciatica, he was then treated accordingly, and the operation of acupuncture was twice performed. But the pain still continued, and the boy referred it at different times to different parts of the thigh: from which circumstances, and the patient's coming from a parish workhouse, together with some others, the symptoms not being sufficiently well-marked as indicative of the disease of the hip, it was thought that his complaints were counterfeited, and he was shortly dismissed the house.

On his re-admission under Mr. Wickham, at the time above-mentioned, about ℥viij. of blood were abstracted from the hip by cupping, after which operation the pain was diminished. When the joint was examined on the following day, no particular enlargement or swelling was observable; but there was exquisite tenderness in the groin, with pain produced by pressure; the nates of the right side were wasted, and on bringing the two lower extremities together in a straight line with the body, the patella of the right knee was full two inches lower than the other. The easiest position in which the patient could lie was on his back inclining rather to the side affected, with the body bent forwards and downwards. A seton was inserted in the groin, by direction of Mr. Wickham. The boy was ordered to be kept perfectly quiet in bed. His bowels were evacuated by house medicine. He had no fever, and, in other respects he might be said to have been in good health. House diet.

March 1*st*. Almost immediately after the insertion of the seton the pain in the vicinity of the hip was surprisingly diminished, as was also that below in a considerable degree. The discharge is copious, and the counter-irritant is not productive of much pain. Tenderness in the groin less.

10*th*. The patient complains of an increase of pain both in the hip and knee. The discharge from the seton is becoming less by degrees; a light linseed-meal poultice was ordered to be applied over it, to promote the secretion of pus.

15*th*. Pain in the hip and knee-joints still greater; discharge from seton increased. A blister is to-day directed to be applied behind the greater trochanter.

21*st*. The pain in the above joints was considerably alleviated by the blister for the first few days subsequent to its application; but the pain in the knee has returned with greater violence than before, on which account a blister was again applied immediately above it anteriorly.

26*th*. The last blister has removed the pain from the knee; a plentiful discharge from the seton has been promoted by the poultices, which are now ordered to be discontinued. The patient has hitherto observed the most absolute quietude, and he says he is free from any pain in the joint or limb.

April 1*st*. Patient complains occasionally of pain in the hip and loins; the seton still discharges, though but sparingly; the threads will apparently soon drop out from the ulceration of the integument. Tenderness of the groin has been long removed.

7*th*. The seton-threads to-day came away. The body is quite easy.

13*th*. The whole extremity is quite free from pain, and can allow of rotation either inwards or outwards; but the thigh is still as much longer than the other as at any former period. The wound left by the seton is nearly healed, and dressed with some simple cerate.

19*th*. The patient still keeps his bed, and complains of occasional pain in the outside of the thigh.

21*st*. No pain or tenderness near the hip, but grasping the thigh, a little above the knee, with the hand, causes pain. Mr. Wickham thought the elongation of the thigh rather less. Another seton was now passed behind the great trochanter.

24*th*. The boy thinks the pain in the vicinity of the knee is diminished; but, by pressing the head of the femur against the acetabulum, there is pain excited in the knee, which proceeds about half way up the anterior part of the thigh.

30*th*. The lad is easy, with the exception of pain in the knee, where a blister was directed to be applied.

May 6*th*. The pain in the knee has been relieved by the blister. He still continues tranquil; but no alteration of importance can be observed in the length of the right limb.

15*th*. The boy has latterly experienced pains, of rather a severe description, down the outer part of the thigh to the knee. An abundant discharge of pus is maintained by the seton behind the trochanter major.

22*d*. The pains in the outer side of the thigh are less frequent; there is no pain in the hip.

27th. Patient suffers but little. The lengthened state of the thigh is unaltered; indeed, he himself thinks it is increased. The wasting of the nates has not been augmented since he has been in the hospital, a period better than three months; and the muscles of the thigh and leg have fallen away from disuse only. He has

been rigorously confined to bed; and so, I fear, he must continue some time longer, until the diseased action of the joint be arrested by the counter-irritation of setons and blisters; and, even then, the probability is, that the affected limb will be permanently longer than the other. His health has never been disturbed, and, from his youth, he will be enabled to go through the future confinement and necessary treatment.

Case 3.—Shortening of the Thigh.

Treated by C. Mayo, Esq.

Isaac Gustar, æt. 23, and of short stature, was admitted into hospital on the 11th of April, on account of an affection of the left hip, of about nine weeks' standing. He complains of severe pain, confined to the hip, and feels the joint, as he expresses it, "stiff." The nates and whole extremity of the left side are wasted; the limb about two inches shorter than the other, and the least exertion of the leg, or pressure near the seat of disease, is productive of pain. The patient's strength is much reduced; he labours under sympathetic fever to a considerable degree, and profuse nocturnal perspirations, and is a stranger to the beneficial effects of sleep. Pulse is quick and feeble, 112: tongue coated, and appetite very defective.

The day following his admission, blood was abstracted from the neighbourhood of the hip by cupping, which, in some measure, procured relief. Equal parts of Dover's powder, and extr. conii, made up in pills, were taken at night.

April 16th. The man has gone once into the hip-bath, and had leeches applied to the joint, which treatment has been serviceable. A caustic issue was now made over the great trochanter; and the next day the pain was considerably less, as well as the stiffness complained of. A poultice was applied to the slough.

19th. The pain in the groin is excessive, and the man has passed a sleepless night. The poultice to be continued until the separation of the slough takes place, and the dose of the pills to be increased.

25th. The pain has gradually diminished, and the patient is at present easy. The slough was to-day removed, and peas were laid on the surface of the eschar in the ordinary way. A tonic mixture of bark and acid has been prescribed, and the sedative pills are continued.

29th. Since the last date, patient has been tolerably free from pain; but no alteration can be discovered in the hip-joint, or the length of thigh. He continues the mixture and pills, and remains out of bed a short time in the course of the day.

May 4th. The man is easy, and feels stronger. Pills have been omitted. Contin. mist.

10th. Hip continues free from pain, but he complains of an increase of stiffness therein. A plentiful discharge of matter has been kept up by the issue, and his sleep at night is refreshing. His countenance is materially improved. A pint of porter is allowed him daily. Cont. cinch. c. acid. dil.

18th. Patient seems improving daily; he makes no complaint. Hip is easy, but no alteration has taken place with respect to the length of the extremity. The porter and bark mixture are continued.

23d. He reports he is gaining strength by degrees; he suffers no pain. Cont.

27th. The man is gradually recovering his strength, and the hip-joint continues free from pain. He can endure slight motion of the limb, without experiencing any ill consequences. The thigh is still shortened, and but slight alteration has occurred in the whole limb since his admission into the house; but, under the employment of the issue, and the liberal exhibition of tonics, with the advantage of his age, an unavoidably imperfect use of the limb may be expected, though the restoration to its proper length is doubtful.

Case 4.—Shortening of the Thigh.

Treated by W. J. Wickham, Esq.

Eliz. Spencer, æt. 20, of weak constitution, was admitted into the hospital, April 4th, on account of a disease of the left hip-joint, which had been of eighteen weeks' standing, but for which no medical aid had been employed. Upon examination, the left extremity was found to be considerably shorter than the opposite one; the knee was turned inwards; there was extensive wasting of the glutæi muscles, and the femur was drawn upwards by their antagonists; anterior to, and a little below, the superior anterior spinous process of the ilium, was a large swelling, slightly red, which was extremely painful

on pressure, but no glands in the groin were enlarged; the trochanter major formed a tumour nearly globular at the upper and back part of the hip-joint. The patient could lie in the following position only with ease, viz. on the right side, with the head and shoulders bent forwards and downwards toward the trunk, keeping the affected joint upwards. She laboured under severe hectic fever, and was deprived of sleep at night, though the appetite was good, tongue clean, and alvine evacuations natural. A peculiar glassy appearance of the lucid cornea was visible. Some diaphoretic medicines were ordered, and a light nutritious diet allowed; a seton was cut near the seat of pain, and, on the following day, the patient said she spent the night almost free from pain.

April 12*th*. The pain of the hip is surprisingly diminished, tenderness on pressure less, and the febrile symptoms have greatly subsided. A good discharge has been kept up by the seton. Cont.

16*th*. Hip tolerably easy, but the woman complains of a slight diarrhœa and pain of the abdomen. Ordered the saline mixture with six minims of laudanum every five hours.

20*th*. Looseness of the bowels checked; patient is at present easy, and thinks she is somewhat stronger; hip free from pain of any importance, and a copious secretion comes from the seton. The saline draughts to be continued without the opium.

25*th*. Diarrhœa has returned; the hip is now uneasy, and the joint and thigh appear more wasted: the seton threads keep up a plentiful discharge. Ordered pulv. cretæ comp. c. opio, ℈i. post liquidas sedes sing. sumend. Cont. haust. salin.

29*th*. The diarrhœa continues unabated, and the patient is considerably weaker; the appetite is very indifferent, but the pain of the joint does not prevent her sleep. Continue. Dieta ad libitum.

May 4*th*. Hip has been painful; but is now easier; a poultice of linseed has been applied to promote the discharge from the seton, and in consequence of a swelling, which appears to contain matter, situated a little above the wound made by the seton-needle. Bowels not so relaxed. Pergat. medic.

10*th*. There is a copious discharge of pus in the poultices from an opening in the swelling mentioned above. The joint is tolerably easy, and the action of the bowels more regular. Patient is rather more feverish, and perspiration increased. Her sleep is not much disturbed. Contin. mist. salin. et omitt. pulveres.

15*th*. There is no visible alteration in the girl's health, if any, rather for the worse. The hip-joint is not painful; she sleeps better at night, but does not awake refreshed; she takes but little nutriment; bowels are irregular; pulse quick, and weak. Poultices are continued, and an abundant discharge issues from the opening, and the seton also. R. Quin. sulph. gr. iij. bis quotidie sum.

20*th*. Patient seems weaker, but makes no complaint; the discharge from the opening is somewhat less in quantity. Appetite has improved a little since last report. The poultices are continued to the part, and a mixture of decoct. cinchonæ c. tinct. taken ter die, has been substituted for the quinine.

27*th*. Debility gradually increasing, although her appetite is not bad; sleep is procured by taking opium. There is no considerable pain in the neighbourhood of the hip; but a copious discharge of matter issues from the sore left by the opening in the groin, which is deep and not disposed to granulate. Some of the unguent. hydr. nitrico-oxyd. diluted, is ordered to be applied to the wound; tonic medicines and nourishing food are given freely; but the fatal termination of the case appears to be, by degrees, though slowly, approaching.

Remarks. The above instances of diseased hip-joint illustrate, by the *first*, the disease of the synovial membrane, independent of diseased cartilage; by the *three latter*, that disease which originates in the *cartilaginous surfaces* of the joints. The disease of the synovial membrane seems to produce but little alteration in the appearance of the limb in its first stages, until the cartilages become affected. But it will be found that *very early* in the disease, when the cartilages are first affected, the limb becomes altered. The *second case* illustrates the apparent elongation of the thigh (evidently arising from a depression of the pelvis on the right side, as described by Mr. Brodie) which happens in the early stage, continuing an unusual length of time, and almost amounting to a chronic elongation.

The two latter cases show the subsequent stage of shortening of the leg.

The treatment best adapted for the synovial disease, by the practice of Mr. Wickham, appears to be the frequent application of blisters; but where the cartilages are primarily affected, setons are more decidedly useful.

IV.

SECONDARY SYMPTOMS OF SYPHILIS.

THE three following cases, out of the many that have fallen under my observation at the hospital during this season, I shall here introduce, as illustrating the decisive practice of Mr. Wickham in the treatment of symptoms, occurring subsequent to the supposed cure of syphilis, usually denominated secondary; as well as those which appear after the abuse of mercury.

Case 1.—*Venereal Sore Throat, treated by Mercury.*

Charles Banks, æt. 24, groom, was admitted into our hospital on the 16th of March, having an ulcer of the throat, situated below the uvula. Its surface was a little larger than a sixpence, and by the patient's account gradually increasing; respiration was rendered difficult, and a considerable quantity of bloody mucus was expectorated from it. The man denied ever having had the venereal disease in any form, or having to his own knowledge used mercury, and affirmed that he had never been salivated. He further stated that he first discovered that his throat was affected, after recovery from taking cold a few months ago. By the appearance of the ulcer Mr. Wickham was convinced of its being syphilitic, notwithstanding the patient's assertion to the contrary. His bowels were directed to be kept open by some pills composed of extr. coloc. comp. and pil. hydr. taken every night; and a detergent gargle of nitro-muriatic acid, with infusion of roses, to be used frequently, was prescribed. House diet.

March 24th. The ulcer is somewhat cleaner, but continues to spread. It occupies nearly the whole space between the tonsils; its shape is rather oblong than round, and its true syphilitic character is now well marked. Mr. W. prescribed gr. x. of blue pill to be taken night and morning, and ordered the gargle to be continued.

30th. The mercury has produced severe purging with tormina, wherefore ½ of a grain of pulv. opii was added to every five grains of the pill mass. The appearance of the sore is unaltered, but the secretions are increased by the action of the mercurial. After taking the blue pill conjoined with opium for two days only, the diarrhœa and griping returned, and he was obliged to intermit the mercury for a few days. It, however, was resumed on the 5th of April, and he continued taking it united with opium until the 17th, when the mouth was affected, and there was manifest alteration in the ulcerated surface. The centre of the sore was at that time clean and granulating, his breathing was less laborious, and not so stertorous at night. The dose of the pill was then also diminished to ten grains in the evening.

April 21st. The ulcer in the throat has healed, but the man complains of obstructions in the nose. Five grains of blue pill are directed to be taken at night only.

26th. The Mercurial pill was to-day discontinued.

May 1st. Nasal obstruction the same, but no denuded bone can be detected in either nostril. A muriatic-acid injection was ordered to be used occasionally.

9th. The man left the hospital as cured, though the impediment in the nasal organs continues. In all probability exfoliation of bone will take place from the nose at no very distant period.

Mr. Wickham, though fully satisfied that the sore throat was venereal, postponed the exhibition of mercury, in order to try the effect of aperients, and the local remedy, as the absence of primary symptoms of syphilis was declared by the patient, and no marks thereof were visible on the genitals. How long the disease had existed in the constitution, cannot be determined by conjecture: but it is probable that the original affection was contracted at the distance of some years, and that this circumstance gave colour to the man's firm denial. The case shows us the extreme caution requisite in placing credit on the historia morbi given by the

patients themselves, and that the mode of treatment should be guided by the judgment and discrimination of the practitioner.

Case 2.—Syphilitic Sore Throat, together with Inflammation of the Eyes, treated by Mercury.

John Smith, ætatis 32, admitted April 25th, in consequence of ulcers of the throat, which he first discovered about two months ago. Two of them are situated near the right tonsil, one immediately above the uvula, and a fourth near the left tonsil. They are small in size, and not deep; their base is slightly yellow; edges even, but irregular; and the surrounding parts are inflamed. In both eyes there is a considerable degree of inflammation, both superficial and deep-seated, with irregularity of pupil, and deposition of lymph. The eyes have been affected a few days only. He was feverish, and had a loaded tongue. He states that about three years from the present time venereal sores appeared on the penis, for which he was taken into one of the hospitals at Bristol; there it appears that mercury was given in alterative doses, and discontinued as soon as the sores healed, and the mouth became gently affected. He positively asserts that he has not since received any fresh venereal infection. His bowels were ordered to be purged with house medicine, and a muriatic acid gargle was prescribed.

April 30th. Inflammation of the eyes greatly abated, and sight more perfect; but the ulcers in the throat, though rendered cleaner by the use of the gargle, have spread downwards, and are larger than at the period of his admission. The gargle was directed to be continued, and the following exhibited; R. Hydr. submur. gr. ij. pulv. opii. gr. ss. ♏ mané et vesp. sumend.

May 1st. The eyes were attacked with a return of inflammation, similar to the former attack, but more severe. Four leeches were applied to each temple. Calomel and opium to be continued.

2d. The inflammatory action of the conjunctiva, and also that which has taken place internally, are much reduced, but the sight is dim. The sores in the throat are cleaner, and the surrounding copper-coloured inflammation has disappeared. Gums swollen and tender. Pergat.

4th. Mouth affected. Ulcers clean and disposed to heal. The eyes have recovered their natural appearance, but the dimness of sight still exists. Calomel and opium continued.

6th. Secretion of saliva copious. Ulcers healing. Vision still imperfect. The calomel and opium to be taken once a day.

8th. Salivation has been restrained by an alum gargle. Throat healed. Calomel and opium are omitted.

12th. There remains a slight degree of irregularity of the right pupil, but no lymph is left unabsorbed. Sight has not improved since last account.

16th. Patient was this day discharged from the hospital, the pupil having recovered its natural shape, and vision being distinct.

Mr. Wickham considered that the syphilitic disease in this case might probably have been suspended, during the three years from the patient's undergoing an alterative course of mercury, up to the period of his being received into this hospital; though he could not place absolute reliance on the evidence of the man, that no recent infection had been communicated. In either case he thought there was but one course to pursue, as he believes, from the results of his own experience, that alterative doses of mercury are inefficient in the treatment of either the primary or secondary symptoms of syphilis.

Case 3.—Disease of the Bones of the Nose, occurring after the excessive Use of Mercury.

Richard Dance, æt. 24, was admitted into the hospital, on the 5th of April, with disease of the bones of the nose. He stated that in March, 1826, there appeared sores on the penis after connexion, for which he took mercury in the form of pill, and employed it externally *during ten weeks*, and was kept under profuse salivation. The sores healed some considerable time before the mercurial action was restrained. He likewise informed us that, in the month of August last, inflammation of the right elbow-joint took place, attended with extensive tumefaction both above and below, which was shortly dispersed by cupping and leeches; and that about six weeks from that time, in the beginning of the ensuing October, he experienced violent pains in the right shoul-

der resembling those of rheumatism; for which, from previous history supposed to be syphilitic, he was again salivated, after having taken mercury for *six weeks*. The pain of the shoulder-joint, he said, was removed by the exhibition of the mercury, but from exposure to nightly wet and cold in November, having scarcely recovered from the effects of the last mercurial course, he was laid up for weeks. On his recovery, (which did not happen before February of the present year,) he found obstructions in the nasal passages, and incapability of breathing through his nostrils, on which account he came into the hospital at Winchester on the day above-mentioned, when the foregoing history was learned from him.

The whole bridge of the nose is now enlarged, and its integuments discoloured; pain is caused by compressing the swollen parts, and a bloody mucus is discharged in large quantity. The man says that exfoliation of bone has not yet occurred, but, by passing up a probe, denuded bone to some extent was distinguished in the left nostril. A lotion of diluted nitro-muriatic acid was ordered to be thrown up frequently during the day by a syringe, to assist the separation of dead bone; a dose of house medicine, and half a pint of decoct. sarsæ compos. per diem. —House diet.

April 10*th*. A copious discharge is brought away by the injection. The sarsaparilla is taken regularly, and does not disagree with the patient's stomach. Continue.

17*th*. The breadth of the nose is less, and the man can breathe through it in a slight degree. A piece of bone, the size of a sixpence, and rather thicker, to-day exfoliated. The injection and sarsaparilla continued.

22*d*. The nose is less tender on pressure, and the air-passages are more free. Another particle of bone smaller than the former one has come away from the left nostril. The acid lotion is still injected, and followed by an offensive discharge each time it is used. The decoction continued.

May 1*st*. Breadth of the nose is gradually diminishing, but the secretion of fetid matter has increased within the past week.

9*th*. Patient was this day discharged at his own request; several little pieces of bone having been cast off, and the nose being nearly restored to its natural form, though the fetid secretion still comes away in considerable quantity. The sarsaparilla has within the last few days produced violent head-ache, with sickness and oppression at stomach; but he has been relieved by a cathartic, saline mixture, and leeches to the temple. He was ordered to continue the injection, as it appeared probable that further exfoliation might take place.

It was Mr. Wickham's opinion, that all diseased action of the syphilitic poison was suspended in the present case; and in consonance with that belief he had recourse to the above mild and alterative treatment.

V.

DISEASES OF THE BREAST.

THE subjoined cases of diseases of the breast, requiring operations, have been lately admitted into the Winchester Hospital, and on account of the practical importance of successive reports of the diseases of that part, more than from any intrinsic value of the cases themselves, I have been induced to lay them before the reader. It will be seen that the diagnostic symptoms of Case 1 were by no means in accordance with those laid down by authors, as indicating an hydatid of the breast; nor indeed were those, by which the chronic tumour is distinguished, as distinct as usual in the second case.

Case 1.—*Encysted Tumour of the Breast.*

Eliz. Axford, æt. 35, came into this hospital in the month of February under the care of Mr. Lyford, on account of a tumour seated near the mammary gland of the left side, being the growth of about eight months. She stated that she first discovered the swelling at the commencement of the time above specified, when the size of a filbert, and that it had progressively become larger, unattended with pain. In its external appearance, the enlargement in some respects resembled scirrhus, being of the usual size of that disease, solid and rather hard to the touch; but it had not the mobility, or circumscribed limits of scirrhous tubercle. There was no pain in the part, but the integuments were discoloured on the upper part of the tumour, and the nipple was

retracted. The patient was a healthy subject, of remarkably florid complexion, and the mother of several children. The catamenia had always appeared regularly. She complained only of the inconvenience of the swelling, but she was not free from the alarm generally excited in female minds, by having a mammary disease, and she was anxious to have the breast removed. She was placed on house diet, with the occasional exhibition of aperient medicines.

Feb. 27th. Agreeably to the wishes of the woman, the whole breast was to-day removed, Mr. Lyford thinking that operation necessary, as there was an unhealthy secretion from the retracted nipple. The patient being seated on a low chair, Mr. L. commenced by making two elliptical incisions from above obliquely downwards, meeting at each end, including within the ellipsis the diseased part, together with the nipple; the cellular membrane was then detached, the pectoral muscle exposed, some fibres of which were removed, and the tumour easily dissected from its connexions. Three or four vessels were secured. Two sutures, assisted by the application of adhesive straps, were employed to bring the edges of the integuments together; some simple cerate was next applied with compress and broad roller.

The operation was endured with resolution, and the woman was quite easy during the after-treatment. The dressings were removed on the fifth day; the straps of plaster were separated singly, care being taken to substitute others immediately after the removal of each. Wound united closely, the upper portion excepted. The stitches were cut away at the third dressing; and the ligatures cast off about the tenth or twelfth day. The small granulating surface above was soon healed, and the patient discharged cured on the 28th of March.

When the part removed was cut into, a cyst was divided, containing a yellow, transparent, and jelly-like substance.

Case 2.—Simple Chronic Tumour of the Breast.

Susan Green, æt. 47, married, and who has menstruated regularly, was admitted on the 21st of March, under Mr. C. Mayo, with chronic tumour of the right breast, as large as a hen's egg. She first perceived the swelling when very small, about six months previous to admission, and it has gradually increased without pain; it is somewhat superficial and moveable, and the circumscribed and indurated feel of scirrhus is wanting. Her health is undisturbed. One gland in the axilla is enlarged from the irritation of the tumour. She was ordered to take five grains of Plummer's pill at night, and to keep moistened cloths applied to the breast.

April 6th. Amputation of the breast was to-day performed, and the enlarged gland of the axilla removed. Mr. Mayo made his incisions obliquely downwards from right to left, on each side of the tumour. Three or four bleeding vessels were tied. The edges of the wound being approximated, adhesive plaster was applied, with pledgets of simple dressing, compress, and bandage. The dressings were renewed on the fifth day; the divided integuments adhered kindly; the ligature soon separated, and the patient was discharged cured on the 25th.

The swelling, when cut into, appeared lobulated, consisting of larger and smaller lobes, somewhat striated, and of a yellow colour; the gland of the axilla that was removed was perfectly healthy.

There are three circumstances relating to the above case of unusual occurrence in simple chronic tumour of the mamma; viz. the advanced age of the patient; the quick growth of the swelling; and the enlargement of the axillary gland.

Case 3.—Scirrhous Tubercle of the Breast.

Sarah Whitmarsh, æt. 45, was admitted into hospital on the 9th of May, having a tumour near the right mamma, which is about the size of a walnut, and which was noticed in the first place about twelve months since. It is situated on the right of the nipple, and a portion of it branches upwards; it has the usual feel of stony hardness, characteristic of malignant disease, and is attended with violent lancinating pains, occurring after short intervals, extending at present in a direction from the nipple. It is moveable beneath the integuments; the skin in front is smooth, and does not appear firmly adherent. One of the glands of the axilla is enlarged, tender, and hardened; and there is the same darting pain

between it and the tumour. She does not recollect ever having had any unhealthy discharge from the nipple. The constitution of the woman is unhealthy and is now much impaired, as she has, of late years, gone through considerable mental affliction from various causes. She is married, and has borne one living child; has been pregnant five times besides, but each time was unable to go to the full period of gestation. No alteration has yet taken place in the menstrual discharge, which is performed regularly and in proper quantity. A purgative dose of pulv. rhæi comp. was ordered to be taken immediately.

May 14*th*. She complains of the severe pain shooting near and through the nipple, as well as towards the clavicle. Ordered empl. ammoniaci c. hydr. to be applied to the swelling, and the following tonic to be exhibited thrice a day:—R. Inf. gent. compos. ʒx. sp. ammon. arom. ʒj. ℥ℓ.

20*th*. The breast has been free from pain since the application of the plaster. Her appetite is not good, and there is some thirst; she sleeps tolerably at night. P.

27*th*. Patient's health has improved, and Mr. Lyford has it in contemplation to remove the tumour in a few days. The axillary gland has subsided.

VI.

CASE OF BRONCHOCELE SUCCESSFULLY TREATED BY SETON, BY H. G. LYFORD, ESQ.

THE following case assists in confirming the efficacy of the seton in the treatment of a disease, which we know from experience is sometimes attended with fatal consequences, and bids defiance to the aid of medicine.

Eliza Gibbs, æt. 13, of florid complexion and light coloured hair, and perfectly healthy, was admitted into Winchester Hospital in the autumn of 1826, under the care of Mr. Lyford, on account of an enlargement of the thyroid gland, the growth of four or five years. Various applications had been tried to effect a diminution of the tumour both by Mr. L. and his father, prior to her admission. The swelling was as large as an egg, in shape nearly round, and its circumference well defined; it felt unusually hard, and was easily moveable. Its size was gradually, but very slowly, increasing. Respiration was performed without difficulty, but deglutition was productive of pain. No arterial pulsation could be felt in the tumour. Its removal by the knife was at that time proposed by Mr Lyford, but, at a consultation of his colleagues, it was thought expedient that the operation should be deferred until other means had been employed in the hospital. The unguent. potass. hydriodat. was ordered to be rubbed into the swelling night and morning, and the tincture of iodine was given internally.

Shortly after she commenced this treatment, Dr. Clutterbuck (who was on a visit in Winchester) saw the patient at the hospital, and recommended the application of the burnt woollen cloth, alleging that he had lately seen it employed with success in several instances.

She continued to use the ointment and take the tincture for some weeks, when she was discharged as an out-patient, the enlargement still retaining its former size and shape. Whilst an out-patient, she persisted in the employment of the same means, up to the latter end of the month of February, 1827, at which time she was again received into the house, the bronchial tumour being as large as at any former period.

1827. *March* 12*th*. No relief having been hitherto obtained by the adoption of the measures mentioned above, Mr. Lyford determined on having recourse to the seton. Accordingly he now passed a seton-needle, armed with a few threads of cotton, from above obliquely downwards through the centre of the swelling, leaving an interval of an inch and a half between the entrance and escape of the needle. No hæmorrhage or untoward circumstance impeded the introduction of the instrument employed, which was one made for the purpose, from five to six inches in length, its greatest breadth not more than ¼ of an inch, sharp-pointed, and shoulders cutting; the whole portion behind the shoulders was round, with the exception of the extremity, wherein the threads were inserted, which was slightly flattened.

A few days subsequent to the operation, the part was attacked with a trifling degree of erysipelatous inflammation, accompanied by a copious and offensive discharge from the orifices of the seton, and pain was produced by deglutition.

The inflammation happily soon subsided, and within the short space of a fortnight a reduction of the tumour was manifest.

April 4th. Discharge kept up by the seton abundant, and very fetid; the little girl has experienced a good deal of febrile excitement, which is at present much reduced by the administration of saline and antimonial medicines. The swelling is diminished in the immediate neighbourhood of the seton-threads, but appears more diffused towards the right side of the neck.

12*th*. Tumour growing less; a plentiful and offensive discharge of matter continues. The patient can swallow without difficulty.

22*d*. Bronchocele daily decreasing; the remaining portion feels hard, and the integuments over it are tender. The fetor of the discharge is less.

29*th*. Tumour gradually diminishes; deglutition can be performed without difficulty.

May 2*d*. The little patient now left the hospital, with injunctions to attend occasionally. The tumour is not larger than a small chesnut, tender, and hard to the touch. She was ordered to persevere in the use of the seton.

Remarks. The result of this case has, I believe, exceeded the operator's expectations; for, taking into consideration the excessive hardness, and the duration of the enlargement, and the failure of the iodine which was so long tried, both internally and externally, he was induced to think that nothing short of extirpation would have any control over the complaint. The event shows that the seton may be introduced, as a last resource and with prospect of success, in the treatment of bronchocele, after other remedies have failed, and that even in the indurated species. The seton has not been frequently employed for bronchocele at this hospital; but I may state that, when used, it has for the most part been attended with success. The last case in which it was tried before the present, was that of a female patient of Mr. Wickham's about three years since, in whom the tumour was of immense size, and had existed for some years, uninfluenced by any means that art could suggest. It was then, unfortunately, of no service. With respect to the powers of iodine, I may here observe, that it is the general opinion at this hospital, that its efficacy is greater when used locally by friction of the unguentum potassæ hydriodatis, than given internally in the form of tincture.

VII.

AMPUTATION OF A FINGER WITH ITS METACARPAL BONE, FOLLOWED QUICKLY BY DEATH.

PETER OSMAN, æt. 50, farming labourer, was received into the hospital, on the 8th of March, under the care of Mr. Lyford, on account of a large warty excrescence on the back of the right hand, situated over the metacarpal bone of the little finger, which was permanently crooked and motionless.

March 12*th*. Mr. Lyford to-day removed the tumour, and the little finger, together with its metacarpal bone, at the articulation of the latter with the unciform bone, forming a flap from the inside of the palm. No vessels required ligatures, and the wound was dressed with adhesive plaster and bandage.

13*th*. The patient appears easy, and has slept well: he complains of nothing, having had relief in his bowels twice from castor oil.

14*th*. Has complained some little time of pain in his head, which has prevented rest. The hand seems now to be in a state of inflammation, which has extended some distance up the fore-arm. There is some degree of excitement, with a flushed face, quick pulse, and hot skin. Ordered liquor. plumb. subacet. dil. to be applied to the fore-arm and hand, and a dose of house mixture statim.

15*th*. Passes his stools involuntarily, and every symptom of debility is developed. There are languor, profuse perspiration, and tendency to sleep, with intolerance of light and sound. Pulse 100, small, and compressible. Thirst, and a foul tongue. R. Conf. opii, ℈j. aquæ carui, ʒj. ℥ℓ. statim. capiend.

16*th*. Diarrhœa still continuing, and debility increased—no power even of articulation—no inclination to take food, or observation of things passing around him—slight delirium at times. The wound looks very unhealthy, and the inflammation is extending. Pulse unaltered. R. Opii gr. j 6tâ quâ horâ sum.

17*th*. Pulse scarcely perceptible, with

increased weakness of the patient—there is a constant muttering, as in delirium, and his eye is fixed and glassy—there is a distention of the abdomen, with tenderness on pressure—he lies with his knees raised, and his fæces pass involuntarily from him—little or no urine has been voided—there are occasional eructations—the muscles of the neck and jaw seem stiffened, as nothing can induce him to protrude his tongue—there is likewise some little swelling of the face. The wound is very offensive, and the major part of the upper arm is involved in the inflammation. Cont. Opium. Brandy, ℥ss. o. horâ.

10, P. M. Evidently sinking; subsultus tendinum—great difficulty of breathing, with a rattling noise—the abdomen more tumid. Pulse so irregular as scarcely to be felt. Cont.

18*th*. His strength has gradually declined, and he expired at 5 o'clock this morning—being not quite six days from the time of operation.

On post-mortem examination, nothing was observable, particularly deviating from the healthy structure, with the exception of enormous distention of the stomach and intestines from flatus, especially the larger ones, with some little effusion of serum in the cavity of the peritoneum. The viscera of the chest were healthy. There was some water at the base of the brain, which was attributed to debility, or the last struggles of life.

The above is a melancholy instance of direct constitutional irritation, from a very slight operation.

VIII.

CASE OF DEEP-SEATED INFLAMMATION OF THE EYE, TREATED BY W. J. WICKHAM, ESQ.

MARY RAY, æt. 21, of corpulent and florid appearance, applied at the hospital, having lost the sight of her right eye. She reports that a slow but continued inflammation has existed in the eye for two years, during which time her vision has gradually become more and more indistinct, till, at last, she is entirely dark. The conjunctiva has no appearance of inflammation, and the sclerotica possesses its usual whiteness. The pupil is immoveably contracted, and a margin of lymph, of a brownish colour, surrounds its edge. She has suffered much from pains of the head, and in the depth of the eye-ball during the attack, and likewise at the time of her admission. Considering this a case of chronic inflammation of the choroid and iris, and understanding that the usual antiphlogistic treatment had been fully and repeatedly gone through, Mr. Wickham commenced at once with a brisk mercurial action. Calomel, in combination with opium, was given to affect the mouth, which occurred in five days from the commencement. As soon as this effect was sensible and evident, amendment took place in the vision; she became sensible of objects before her eye, and, under the slight continuance of the plan, by degrees recovered her sight completely. Soon after this, the left eye became attacked with a deep-seated inflammation, which was again treated by another quantity of calomel, sufficient to affect the mouth. These attacks, after a time, were again and again renewed, and only yielded to the repetition of a mercurial action.

April 30*th*. At the close of an attack of inflammation, after a free use of calomel, Mr. Wickham ordered the Quin. sulph. gr. iij. ter die, in the hopes of altering the disposition to a repetition of the attack. Slight attacks of superficial inflammation occurred subsequently, but, in the course of three weeks, she appeared well. This woman has been troubled with incontinence of urine, which has yielded to the use of the uva ursi in large doses.

Remarks. This case shows the effect of mercury in reducing action of the minute vessels of the eye, and aiding the act of absorption; and that, having subdued the chronic affection of one eye, it has been productive of that repeated inflammation of the iris in the other, which is so troublesome and obstinate in ordinary cases of iritis. Here no syphilitic disease is to be traced.

IX.

CASE OF NASAL POLYPI, CAUSING GREAT DISFIGUREMENT OF THE COUNTENANCE.

ON Monday, Feb. 27th, Mr. Lyford extracted from the nose of George Smith, fifty-eight years of age, several immense polypi, which had been of four or five years' duration. Both nostrils were dis-

tended throughout their whole course by their growth, but more particularly the right one, causing great distortion of the face. The right eye was protruded from its socket slightly forwards, and about an inch and a half outwards, vision being thus impaired; the lachrymal passage was obstructed, forming fistula lachrymalis; the os unguis, as far as could be judged, totally absorbed, and a fetid sanious discharge proceeded from each nostril. The patient complained of constant pain in his head, referred chiefly to the right temple; there were want of appetite, and privation of sleep at night, from the continual pain. He was exceedingly debilitated, and his health was seriously undermined. The polypi were removed by the forceps, but the operation was necessarily tedious, as they extended far upwards. The nose bled freely, and was well cleaned, internally, by cold water, thrown up with a syringe. The parts adjoining the nose were kept wet, after the operation, with a lotion of muriate of ammonia.

Feb. 28th. The neighbouring parts are swollen considerably, but the forehead is free from pain. There was some bleeding from the nose yesterday evening, which appears to have been rather serviceable than otherwise. A purgative draught was ordered; leeches were applied to the temples, and the lotion was directed to be continued.

During the first few days from this period, the inflammation of the parts was considerable; but was reduced by the application of leeches, bread poultices, and the poppy decoction. The head was not painful, and the patient enjoyed undisturbed sleep at night, which had been unknown to him for months before.

March 7th. The pain in the right temple has not returned since the polypi have been taken away, and the swollen state of the parts is materially abated; the nose is reduced to one-half its former size; the eye no longer displaced, and it sight good; respiration can be performed through the nostrils without difficulty, and the countenance of the man, however deformed on his admission into hospital, is now natural. The forehead, eyes, and nose, are constantly moistened with the muriate of ammonia lotion.

The man now began to complain of unpleasant sensations at the scrobiculus cordis, want of appetite, and nausea, to relieve which, some tonic and alterative medicines were prescribed. He remained in the house till the third week in March, taking various stomachics, and other remedies for the disorder of the stomach and alimentary canal, when he left by his own desire, the gastric affection being rather aggravated than otherwise by his continuance there, and his spirits broken. But the appearance of the nose and neighbouring parts was quite natural; the swelling had entirely subsided, breathing through the nostrils was free, and the passage for the tears unobstructed.

Remarks. The present case I have thought not less worthy of record on account of the magnitude and number of the polypi of the nose, than as demonstrating what displacement parts and organs essential to life will undergo, for a considerable length of time, in consequence of pressure, and how speedily, on the removal of that cause, they will resume their natural situation and powers. In this instance, as above said, the right eye was protruded forwards an inch and a half, and the sight affected; and fistula lachrymalis was produced, by the obstruction of the lachrymal duct; but, soon after the extractiou of the nasal polypi was effected, the organ of vision was restored to its proper situation, the imperfection of sight disappeared, and the tears flowed through the right channel.

X.

FRACTURE OF THE CERVIX SCAPULÆ.

Case—Charles Ballard, æt. 66, stout and muscular, and by trade a blacksmith, was received into the Winchester Hospital, under the care of Mr. Wickham, on the 16th of March, having injured the right shoulder-joint by a fall, whilst walking fast. He stated that the accident happened six weeks before his admission; that he fell with great force on his shoulder, and, immediately afterwards, found he was incapable of moving his arm, and was obliged to support it in a sling, till he reached home. The arm and shoulder swelled a little immediately after the accident.

Upon application for surgical advice, on the following day, he was told that it was a dislocation of the humerus, and the pul-

leys were applied, with the view of reducing the supposed dislocated bone; when the surgeon, after having employed them for some time, imagined that the reduction was effected, and, with this belief, applied a bandage to support and strengthen the parts injured. After having worn the bandage for three weeks, with the arm supported in a sling, the patient was led to believe that all was right, although he had no motion of the fore-arm or hand; but, on the bandage being removed at the end of that time, the os humeri slipped down into the same position as before, being the cause of great pain. He then applied to several other practitioners in his neighbourhood, none of whom, it appears, could discover the nature of the accident; or, at least, nothing had been done by which the man was relieved, before he was admitted into this hospital, a period (as above stated) of six weeks from the receipt of the injury.

At the time of admission, the shoulder exhibited the appearance of a dislocation of the os humeri into the axilla, so that it might easily have been mistaken for that accident by a superficial observer: the shoulder was sunk, and the head of the humerus could be felt in the axilla; there was constant and severe pain in the joint, except when the arm was kept at rest in one particular position; and the motion of the fore-arm and fingers had been lost ever since the occurrence of the accident. By elevating the humerus, and confining the arm close to the side, thus supporting the glenoid cavity, the joint was free from pain, and of its natural form, whilst, on removing the support, the shoulder dropped, and the uneasy sensations returned; and by placing the hand on the top of the shoulder, with the forefinger fixed on the caracoid process of the scapula, and rotating the humerus, a crepitus was readily perceived: from these diagnostics, the existence of a fracture of the neck of the scapula was no longer doubted. Rollers were applied in the manner of the clavicle bandage, the axilla being supported by pads. The arm was secured close to the ribs by a bandage, to prevent any motion, and the fore-arm was supported in a sling.

April 26th. The shoulder-joint has been perfectly easy ever since it has been enveloped by the bandages; and, for the last two or three weeks, the man has daily reported that he has felt the whole extremity acquiring more strength; no pain is felt on pressing near the seat of fracture, and bony union seems to have taken place. The rollers, having become loose, were now re-applied, and passive motion of limb was allowed to be made gradually.

May 27th. Strips of empl. thuris comp. have been applied around the shoulder, and passive motion of the arm has been daily performed. Capability of moving the fore-arm and fingers has gradually increased; he can move the arm in every direction, but cannot yet hold any thing weighty in his right hand. He will leave the hospital in the course of a few days.

No better example than the above can be cited to verify the remark made by Sir A. Cooper:—"The accident which is much more liable to be taken for dislocation, is the fracture through the narrow part of the cervix scapulæ."

XI.

OPERATION OF LITHOTOMY.

JOHN GORDON, nine years of age, naturally a delicate child, was brought to the Winchester Hospital in the month of February, by his father, a seafaring man, having symptoms of stone in the bladder. He had been lately sounded by a practitioner at Portsmouth, who pronounced it to be a case of calculus. The disease had existed for the last five years; the poor boy was much emaciated, and his sufferings were most acute. On the first introduction of the sound, by Mr Lyford, (on the day subsequent to admission,) the calculus was readily detected. The little boy's bowels were attended to; his mind preserved tranquil and amused by the younger patients of the same ward, with whom he associated, and six minims of solution of potassa, exhibited thrice a day, which greatly mitigated the severity of the symptoms.

On the 27th of February, the lateral operation, which is the one, I believe, invariably adopted by the surgeons here, was performed, and a calculus, weighing ℥ij. ℈ss. extracted from the bladder. The operation occupied rather less than three minutes. The instruments used, were Mr. Key's knife and straight staff, which Mr. Lyford employed in a former case of a little boy, eight years old, in the month of August, 1825, attended with success equal to the present.

The patient bore the operation extremely well; a piece of lint was lightly deposited in the wound, and the knees elevated and tied together, after he was placed in bed. The urine passed through the wound without impediment; the child's spirits were good, and temper unruffled; not an untoward symptom presented itself during the whole of the after-treatment; the wound granulated favourably, and the water was discharged through the natural outlet on the 13th of March.

The little patient was discharged, cured, on the 26th.

GEORGE BURY.

Winchester,
May 27th, 1827.

II.

June 5th, 1827.

SIR,—I request the favour of your inserting the accompanying letters and subjoined observations, in the next Number of the Medico-Chirurgical Review.

I am, Sir, your obedient humble servant,

EDWARD HARRISON.

Copy of Dr. Harrison's Letter to Dr. Chambers.

7, Holles Street, Cavendish Square,
May 12th, 1827.

SIR,—I was not a little surprised, on my return to Quebeck Street, last Sunday evening, to learn that you had formally refused to meet me in consultation, because I had not received a license to practise medicine from the London College of Physicians.

As the delicate sufferer was, at the time, in the greatest possible danger, I leave you to form your own conclusions, upon the humanity and propriety of declining to give assistance to an afflicted fellow-creature, in compliance with a capricious and untenable by-law.

To the patient and to myself the determination was fortunate, because it had led the parents, before my arrival, to procure the assistance of an experienced and able physician. This gentleman has, like myself, thought proper not to apply for the College license, and yet he assures me, that the members of your Corporation, do not object to consult with him, whenever their services are wanted; so true it is, that it may suit them at times, to enforce the rigid observance of a by-law, and at other times to leave it entirely to individual discretion.

To enter into a minute investigation of the supposed grounds of your refusal, would lead me far beyond the limits of an ordinary letter. It will be sufficient for my present purpose, to state that neither the late Dr. Baillie nor your colleagues, Drs. Warren, Turner, or Paris, ever ventured upon such a measure, when their medical services were requested, along with mine. And it would perhaps have been more suitable to a person in your professional station, to have imitated their example, than to have formed a rule for yourself.

As far as concerns me individually, it is really a matter of perfect indifference, whether I am in future to meet in consultation with the Fellows of your College, or am to lose their services in cases of danger, or obscurity. London, happily, contains many physicians out of the pale of your corporation, in whose skill invalids may safely confide.

Under this impression, my first determination was, wholly to overlook the contents of your note, addressed to the mother of my patient; but, on referring to the purport of it, a few nights since, in a large party of physicians, who, in the phraseology of your College, are denominated "*alieni homines*," I became convinced of my error. Indeed it now appears to me, that in following the bent of my inclination, I should have neglected the duty I owe to my alma mater, the University of Edinburgh—to my brethren the 'alien' physicians, established throughout the British Dominions—and to the public at large.

Deeply interested in the questions at issue between the Medical Graduates of England, and of all other countries, I shall now call your attention to some of the reasons which have led me uniformly to resist the arrogated powers of the London College. In opposing them, I am neither influenced by hostility nor prejudice. My chief aim is to relieve myself and brethren from the degradations imposed upon us.

Among the reasons which have influenced me to adopt my present course, it

will be sufficient to state, 1st, That, unless I have been misinformed, every candidate for your License is obliged, on his bended knees, to swear obedience to the laws and regulations of the College, though, by a refinement in legislation, as far as I know, peculiar to yourselves, he is not suffered to read them either before or after he has complied with the oath! If such be the case, I cannot help giving it, as my deliberate opinion, that the ceremony is equally dishonourable to the parties who require, and to those who submit to this preposterous exhibition.

2ndly, Another insuperable objection to the College License is founded on your arbitrary and illegal By-laws. According to my interpretation of the medical statutes, the College of Physicians is equally open to the Graduates of every university. It possesses no distinction of rank, though the highest has, by a series of encroachments, been limited to the Physicians of Oxford and Cambridge, while a lower grade has been forced upon all other Physicians.

These are some of the numerous objections which I feel, and which make it impossible for me, under the present constitution of the College, to apply for their license. Should the College still be of opinion, as they formerly professed to maintain, that they can legally compel the acceptance of a license, or the discontinuance of practice, I beg them to be assured, that I am perfectly ready to try the question, whenever they may think proper to afford me the opportunity. I must, however, in the mean time, strongly remonstrate against the custom of endeavouring to obtain their object by a course injurious to medical science, and prejudicial to the community.

You may possibly be aware, that I formerly stated the same sentiments to Dr. Baillie; and, after his death, to Dr. Turner. I did not omit, on either occasion, to add, that the Fellows were, in my opinion, highly culpable in making regulations which they dare not attempt to enforce in a Court of Law.

As my sentiments remain unaltered, I embrace the opportunity which you have afforded me, to renew my offer through you to the College. Should the challenge be at length accepted, I pledge myself to carry the suit to a full hearing and final decision.

In repeating my offer for the third time, I desire to remind you, that I have hitherto been content to assert my own privileges and independence, when they were unnecessarily assailed. But after so many provocations I now think myself called upon openly to claim for myself and colleagues, all the rights and privileges of British subjects, agreeably to the union of the two kingdoms. To an Englishman, it appears to be more than absurd, and ridiculous, that he should be supposed to have lost any of his natural rights, by visiting another portion of the same kingdom, merely to qualify himself for the duties of a profession, the knowledge of which he could no where acquire, in his own part of the country.

If the Fellows shall still think fit to decline the contest, an enlightened public cannot fail to appreciate their real motives, however they may be disguised or concealed.

As for the Graduates of my order, they will not be slow to perceive the folly of connecting themselves with a Corporation from which they must afterwards expect to receive only marks of neglect, of opposition, or of humiliation.

I think myself entitled explicitly to inquire from you, on this occasion, whether, in refusing to meet me in consultation, you considered yourself as acting discretionally, or under an indispensable obligation imposed on you by the by-laws of the College.

I beg leave to add, in conclusion, that, unless I receive a satisfactory answer, in the space of a month, either from you or the College, to the several allegations contained in this Letter, I shall feel it my duty to publish it, for the information and guidance of my brethren, wherever they may be situated.

I am, Sir, your obedient humble servant,

(Signed) EDWARD HARRISON.

To Dr. Chambers, Brook Street.

Copy of Dr. Chambers' Answer to Dr. Harrison's Letter.

Brook Street, May 14th, 1827.

SIR,—I have to acknowledge the receipt of your letter, dated the 12th of May, which only reached me this afternoon.

In answer to it, I beg leave to state

that I do not feel myself called upon to enter into the discussion of the questions which you conceive to be at issue between the College of Physicians and yourself.

I have only to say, as to myself, that, in refusing to meet you in consultation, I acted in obedience to a positive regulation of the College, and that it is a matter of indifference to me whether you publish your letter on the subject or not.

I am, Sir, your most obedient,
Humble servant,
(Signed) W. F. CHAMBERS.

To Dr. Harrison.

REMARKS.

1*st*. Although Dr. Chambers declares that, in refusing to meet me in consultation, he acted in obedience to "a positive regulation of the College," will he venture to maintain that he has never invaded this *positive regulation* or by-law, during his connexion with that body? I have, as already observed, been joined in practice with no fewer than four Fellows, during my short residence in London;—I may now add that, from Dr. Chambers alone, have I encountered a refusal. I have also said that the *alien* physician, an old metropolitan practitioner, who supplied the Doctor's place, is in the constant habit of meeting the Fellows professionally. After stating these facts, I shall not expatiate further upon the glaring incongruities and absurdities of the Fellows, but leave them to explain their motives, and to form their own justification.

2*dly*. Do the Fellows ever decline to consult with surgeons on cases strictly medical? Physicians had formerly the whole management of constitutional diseases entrusted to them, and were also applied to as the dernier resort in surgery; but so completely are the tables now turned in these respects, that while the surgeon openly beards the Doctor, in medical practice, he is jealous of the smallest encroachment upon his own department. Many examples of recent date might be given in support of these assertions. As regards the former, the reader cannot have forgotten, that two individuals of the highest medical and surgical rank, were lately in conjoint attendance, for several successive weeks, upon two distinguished and very exalted characters. One of the cases was *purely medical*; and the surgical treatment of the other was so inconsiderable, that the surgeon could only be wanted for his medical skill.

3*dly*. According to present usage in this country, the ordinary practice of physic is almost entirely confided, in the first instance, to the family apothecary. The physician is only thought of when the case becomes alarming or tedious. After his introduction, their visits are continued in accordance, and the two share the responsibility between them.

4*thly*. Upon what justifiable grounds, then, can the Fellows refuse to be united in consultation with the "independent physician," whilst they have no hesitation in freely consulting with the surgeon and apothecary?

5*thly*. In a colloquial conversation with the late Dr. Baillie, so long ago as the month of June, 1821, while we were engaged in the case of a young lady, I fully explained my opinion of the London College of Physicians as alluded to in my letter to Dr. Chambers. This was the third patient, after my arrival in London, who had called for our joint assistance. As the Doctor had never omitted, on former occasions, to recommend my application for the College License, I determined, at this interview, if a good opening occurred, to assign my reasons for declining to comply with his urgent solicitations. The opportunity being given, I avowed it as my deliberate conviction, arising from legal inquiries, and a careful investigation of the subject,—

"1*st*. That the College of Physicians is, according to the laws of the Realm, and charter of King Henry VIII. equally open to the medical graduates of every university. I added that it was, in point of fact, conducted upon this principle, from the first establishment in 1523, to about the middle of the last century, including a period of more than two hundred years.

"2*dly* That at this eventful era, a predominant party of Oxford and Cambridge Physicians, unfortunately for medical science and the true interests of their profession, had the temerity to narrow the By-laws, in order to promote their own selfish views. In referring to the exact time when these regulations were enacted, we are led to believe that they were chiefly intended to check the rising prosperity

of the University of Edinburgh. Had the College formed their excluding By-laws anterior to the British Union, something might perhaps have been advanced in extenuation of their conduct, though, inasmuch as the healing art is the production of no particular soil, it would be absurd to attempt to confine its cultivation within the limits of any district. But, no sooner were the two nations consolidated into one kingdom, than it became the bounden duty of every citizen to efface local distinctions, and promote harmony through the land.

"*3dly.* That the College was extremely culpable in making By-laws, which they durst not endeavour legally to enforce.

"*4thly.* That it was due to themselves and to the physicians of my order, either to try the validity of their present regulations, or to make such as they would be able to defend.

"*5thly.* That fully satisfied with the stability of my own position, I was ready, whenever the College were pleased to attack my station, to defend it with legal and constitutional weapons."

Such was the purport of my conference with Dr. Baillie, at our last interview, and a similar, though less extended conversation, took place in the year 1824, between Dr. Turner and myself. Having subsequently been met in consultation, both by Dr. Paris and Dr. Warren, judge of my surprise, on receiving a positive refusal, in the person of Dr. Chambers.

ANALECTA MINORA.

I. SUPPOSED ANEURISM.

As this subject has lately excited considerable interest, and, we fear, led to unnecessary operations, in this country, we are induced to extract the following case, from a sensible paper on the surgical anatomy of the neck, by Dr. Horatio Jameson, published in the 36th number of the American Medical Recorder. We may premise, however, the following passage from Burns.

"A tumour appeared from behind the sternal extremity of the left clavicle: it was bigger than a hen's egg—pulsated very strongly—and produced an inequality in the pulse at the wrist, great difficulty of swallowing, and slight dyspnœa."—P. 79.

The patient was treated by a surgeon as for aneurism; but, happily, there was not then such a rage for tying carotids as now prevails. The patient got tired of Valsalva's regimen, dismissing his surgeon and his restrictions at the same time. He resumed his former exercise and diet, and the tumour gradually disappeared!

We shall now give Dr. Jameson's case.

"About two years ago I was called, by a physician of the first respectability, to examine a case of aneurism at the root of the neck, which might be disease of the aorta, innominata, subclavian, or carotid, since it was large, and occupied a considerable portion of the neck, from the trachea to the *incurvature*, and from the clavicle up as high as the thyroid cartilage, forming a very prominent and large tumour. After laying my fingers upon different parts of the swelling, through all which a feeble pulsation could be felt, I remarked to my friend that the disease was obscure. He was evidently surprised, and directed me to place the point of my finger upon the highest point of the tumour, where the skin was thin, and somewhat unhealthy in appearance. I now perceived a pretty forcible pulsation. I attempted to press the blood out of the sac, to see the effect; I easily caused the blood to retire from the projection in which the strongest pulsation existed; I felt a crackling sensation, as though the parts within were tearing; I, therefore, desisted, *but felt fully satisfied that we had an aneurism.* The advanced stage of the disease, however, and a constitution utterly ruined by intemperance, forbade all thought of operating. Measures were adopted for temporising, and a moderate pressure applied to the tumour. The patient soon died from debility."

What a pity that some of our bold *operatives* were not on the other side of the Atlantic at the above period. The patient would have been saved by ligature—or, if he died of another disease, his carotid would have been bottled, and placed in some shop-window, for the edification of surgeons. When Dr. Jameson came to examine the body, he found that this said aneurism was no other than "a diseased gland, which was situated in the layer of

vessels and fat under the sterno-cleido mastoid muscle." "In its upper part, it prevented, in great part, the characters of venous aneurism; and owing to this circumstance was it, that the pulsation of the carotid, which lay under it, could be felt." We recommend this case, as well as some others lately recorded in this country, to be borne in mind by the young surgeon who is determined to cut his way to the temple of fame, sword in hand.

P.S. We may here notice a new kind of ligature, which Dr. Jameson has been in the habit of using, with invariable success, for many years past.

"My ligatures have been made of common fawn-skin, often with its buff-ball on it. I prefer soft pliable pieces; cut them into shreds, about four times as wide as they are thick, or, if the leather is very soft, something wider; then holding one end fast with the left fingers, I draw it several times pretty forcibly through the right thumb and fore-finger; by this, they acquire solidity, without becoming hard, and will be extended so as not to be more than twice as wide as thick, if small, the larger perhaps three times, so that they are, in a slight degree flat. These ligatures, I apply, with the utmost facility, to the ends of arteries in amputations. They never slip. I would, however, advise, that the leather for this purpose should be dressed by immersing the skin in the brain of an animal with water, and working a portion of oil into it as it becomes dry. We can thus obtain a pliable, soft, unirritating ligature."

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2. ANCHYLOSIS CURED BY AN OPERATION.

[Dr. Barton. Pennsylvania Hospital.]

THE following case, published in the North-American Medical and Surgical Journal for April, 1827, deserves the attention of our surgical brethren. It is well known that anchylosis cannot take place till the natural structure of a joint in changed, and then we can only apprise our patients of their *irreparable* loss. If the operation, successfully performed by Dr. Barton, be applicable to other cases of a similar kind, surgery will have achieved one more victory over disease.

Case. John Coyle, aged 21 years, a sailor, states that, on the 17th March, 1825, he fell into a ship's hold, and pitched upon a barrel, the force of the fall being sustained by the right hip. Violent pain and much tumefaction ensued, and he was confined to his hammock, with the limb contracted, for 18 days, when he was taken to the Hospital in PORTO CAVALLO. There he remained for five months, "placed on his side, with the injured limb uppermost, drawing the thigh to a right angle with the axis of the pelvis, the knee resting on the sound side." No measures of a proper kind appear to have been taken at the hospital, and the natural result was, "a rigid and deformed limb."

Various opinions were formed, after this, respecting the nature of the injury, some conceiving it to be a dislocation, some a fracture, and others a compound of both. In October, 1825, he returned to Philadelphia, where Dr. Barton saw him. He now went on crutches, the thigh drawn up nearly to a right angle with the axis of the pelvis, and the knee turned inwards and projecting over the sound thigh, so that the outside of the foot presented forward. There was considerable enlargement round the hip, so that no accurate judgment could be formed of the exact nature of the original injury. It was evident, however, that all articular movement was irrecoverably lost, since various measures were taken in the Pennsylvania hospital, without the slightest good effect.

After a year's residence in the hospital, Dr. Barton proposed to his colleagues, Drs. Hewson and Parrish, the following operation, viz:—"to make an incision through the integuments, of six or seven inches in length, one half extending above, and the other below the great trochanter; this to be met by a transverse section, of four or five inches in extent; the two forming a crucial incision, the four angles of which were to meet opposite to the most prominent point of the great trochanter; then to detach the fascia, and, by turning the blade of the scalpel sideways, to separate anteriorly all muscular structure from the bone, without unnecessarily dividing their fibres. Having done this, in like manner, behind and between the two trochanters, to divide the bone transversely through the great trochanter, and part of the neck of the bone, by

means of a strong and narrow saw, made for the purpose; this being accomplished, to extend the limb, and dress the wound —and, after the irritation from the operation shall have passed away, to prevent, if possible, by gentle and daily movement of the limb, the formation of a bony union, and to establish an attachment by ligament only, as in cases of ununited fracture, or artificial joints." 282.

The foregoing operation was actually performed before a large medical class, and with the assistance of Drs. Hewson and Parrish, on 22nd day of November, 1826. The bone being divided, the thigh was released, and Dr. B. immediately turned out the knee, extended the leg, and placed the limbs side by side. The unsound member betrayed a shortening of about half an inch. Union by the first intention was not attempted—the patient was put to bed—and Desault's splints were applied. The operation, though severe, did not last above seven or eight minutes. Considerable pain and irritation followed, and the next day the patient had inordinate vomiting, the pulse being feeble and rapid, with great pain along the forepart of the thigh. Opium and soda water—saline draughts—sinapism over the epigastrium, gave some relief. We need not follow the diurnal details. By the 1st of December, the whole surface of the wound was covered with healthy granulations. *7th Dec.* There was copious discharge of matter from the wound, and bark was given, with opium and stimulants. *21st.* Wound cicatrising—pus diminishing in quantity. *January 20th*, 1827. Strength has regularly increased—sore progressively diminished. After the 20th day from the operation, the limb was cautiously moved, in such directions as resembled the natural movement of the sound hip-joint. This was repeated and continued according to the patient's ability to bear it; but never carried to the extent of giving much pain or of leaving permanent irritation. In the course of a short time, the part became less sensible to pain from this disturbance, and the limb was more frequently moved. The patient was then directed to exert his own muscles in slightly bending, extending, and rotating the thigh. This he accomplished without difficulty, and, after a little practice, without pain. At the end of sixty days, the wound being perfectly closed, and all appearance of inflammation gone, the patient left his bed, and, aided by crutches, stood erect, both feet reaching the floor. He even bore some weight on the lame limb, and advanced the leg a little by muscular exertion alone. *Feb. 8th.* His strength is gradually increasing. To-day he walked one hundred yards, and, with aid, got into a gig, and rode through the city. *March 1st.* Patient rapidly gains strength—appetite good—keeps up all day—amuses himself by exercise in walking, which he now does with only the aid of a cane. "The following is the degree to which he can perform the movements of his limb with perfect ease:—by measurement from a straight line, he can advance the foot twenty-four inches; in stepping backward, twenty-six inches, and outwards, six inches."

Dr. Barton has entered into an inquiry how far the principle of this operation is applicable to the formation of artificial joints in other parts of the body, where natural motion has been lost. His reflections have not presented any forbidding circumstances; but we have not space to enter fully into his arguments, and therefore shall leave the results of this ingenious, bold, and fortunate operation to the contemplation of our surgical readers.

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3. HEPATITIS—SUPPURATION—PARACENTESIS THORACIS.*

A very interesting case of this kind is related by Mr. Huggins, of Derby, in the Medical Repository of this month, (July,) of which we shall here present an extract.

October 27th, 1825. Mr. H. was called to a young man, 27 years of age, who complained of great pain in the right hypochondrium, extending to the shoulder and clavicle, attended with difficult respiration, and hard full pulse. He was bled and freely purged. *28th*, There was little or no relief of the pain; and bilious vomiting was superadded. There were also dry cough, and some tenderness of the abdomen. Again bled to 20 ounces,

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* A case of inflammation of the liver terminating in suppuration, and discharging itself into the cavity of the chest, successfully treated by the operation of paracentesis thoracis. By Mr. G. Huggins, surgeon, Derby, Med. Repos. July, 1827.

and also purged. Twenty leeches to the right side. 29*th*. The symptoms were mitigated, but the cough remaining troublesome, antimonials and a blister were prescribed. 30*th*. Pulse 120—respiration extremely difficult — expectoration free. Bled again to 16 ounces, with an active purgative. 31*st*. Pain greatly increased—inability to turn to the left side —frequent burning flushes. Venesectio ad deliquium—no alleviation of the pain—blood cupped and buffed. In the evening he had tendency to delirium—the eye was turning yellow—the pulse being still sharp and quick, the lancet was again put in requisition, and with evident relief. Small doses of mercury, with antimony and opium every four hours. *November* 1*st*. Pain diminished, but the cough remains troublesome—whole body tinged yellow. In the evening, the pain of side returned, and the patient was again bled, with great relief. The prostration of strength was now considerable. On the 3rd of November, there was some soreness of the mouth. The calomel and opium discontinued. Has some shiverings succeeded by heat. 6*th*. Considerable prostration of strength. The decoct. cinchonæ was given, and the patient continued to amend till the 12th, when there was some return of pain and fever, apparently produced by agitation of mind. In a few days, however, the symptoms subsided, and he continued to improve, with the exception of his cough, which, after the lapse of a month, seemed to increase rather than decrease. There was a copious expectoration of viscid fluid. Mr. H. gave up his attendance on the patient; but in the month of February, 1826, he was summoned to the patient who was suffering from great dyspnœa, sense of suffocation, inability to lie down, copious expectoration of purulent matter, countenance pale and sallow, tongue furred, entire loss of appetite, pulse 110 to 130, gastric irritability. The chest was now examined. The right side of the thorax was found to bulge out considerably—the mamma much swollen—dull sound over all that side—no respiration to be heard through the stethoscope—on the other side, the respiratory murmur was every where audible. There was also a sense of fluctuation in the right side, the whole of which side was passive in the act of respiration. Dr. Hart was consulted, and the operation of paracentesis thoracis was proposed. On the following day (Feb. 13th) an incision was made with a scalpel between the sixth and seventh ribs. A stream of sero-purulent fluid gushed out with great force, to the amount of six or seven pints, together with some offensive gas. The breathing was much relieved, but exhaustion was considerable. He slept during the succeeding night. A small opening was left for the discharge of fluid. *Feb*. 19*th*. The patient was found much improved. There was a free expectoration of matter by the mouth, and a copious discharge from the wound. The decoct. cinchonæ was administered, and he progressively improved, the discharge from the wound, at the rate of a tea-cupful per diem, continuing for thirty-six weeks. Soon after this the wound healed, and the man perfectly recovered, being now at work in his usual occupations.

Percussion yields a dull sound in the right side of the chest, as high up as the fifth rib; but a clear sound above that place. The respiratory murmur is partially audible till the stethoscope reaches the fifth rib, below which it cannot be heard at all. The voice is resounding at the superior part of the chest, but there is no pectoriloquism. In the left side every thing is natural. The right side of the thorax does not expand during inspiration, in the same manner as the left.

Remarks. The foregoing case does great credit to Mr. Huggins. But we doubt whether there is any decisive evidence of suppuration in the liver. That there was great inflammation in that organ cannot be doubted; and that the inflammation spread to the lung of that side, there can be as little doubt. In our own opinion the seat of the suppuration was in the chest; but the operation and final termination of the case reflect the greatest credit on Mr. Huggins.

While analyzing this paper (June 9th) we met with a fatal case of hepatitis presenting some *post mortem* features different from any thing of the kind which we have ever before seen, or read of. The patient was a female, residing in Whitcomb-street, and under the care of Mr. Fincham, of Spring Gardens. She had been confined about two months previously, and had never been well since. We

could not, however, get any clear history of the case before the present illness, which commenced on the 29th May, with pain in the epigastrium, great tenderness of the abdomen, gastric irritability, and fever. Venesection and leeches were several times repeated, with blisters, purgatives, and all the usual means; but with no relief. She turned as yellow as an orange on the third day of her illness, and the liver could be felt far down in the abdomen. Three or four days before her death (8th June) she had violent rigors, denoting suppuration, and the fever became greatly moderated.

On dissection, there was universal peritoneal inflammation and adhesions. The liver descended below the umbilicus, and was intimately adherent to the peritoneum lining the anterior parietes of the abdomen, and to the stomach, colon, and small intestines, on its concave surface. There was such a complete chaos of adhesive inflammation and agglutinated parts about the gall-bladder, that we could not disentangle it, and it was burst in the attempt. A large quantity of thin green bile flowed out, and it was a long time before we could soak it all up with sponges. When the liver was cut into, the same kind of fluid gushed out from every part, so that there must have been at least a pint and a half of green bile in the substance of the liver itself. The fluid was contained partly in the ducts, some of which were so dilated as to be capable of receiving the point of the finger—partly in rents and depôts in the parenchymatous structure of the organ, into which the fluid had been extravasated from the torn ducts. The whole of the liver was thus like one vast honeycomb—the cells communicating with the biliary tubes, and these last dilated to a most extraordinary and incredible size —all filled with the same kind of green bilious fluid which was found in the gall-bladder. With some difficulty we took away a portion of liver, and have shown it to many medical gentlemen, none of whom ever saw a similar specimen of morbid anatomy. We regret that the state of the parts and the hurried manner in which we were obliged to make the dissection, (in the presence of the sister of the diseased,) prevented our ascertaining whether the ductus communis choledochus was, or was not permeable. We think, from the symptoms, that it had for many days been impervious, by violent inflammation.

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4. HERNIA, WITH RETENTION OF URINE AND RUPTURE OF THE BLADDER.

A case of this kind occurred lately at St. George's Hospital, in the practice of Mr. Rose. The following is a concise account of the particulars.

John Culver, æt. 52, was admitted May 30th, 1827, having pain and tenderness over the pubes, with frequent and painful micturition. He was a very old patient in the hospital, having entered it originally for stricture. About four years ago he was seized with retention of urine, for which the bladder was punctured by Mr. Gunning. Eighteen months ago, he had a second attack of retention, and Mr. Rose was obliged to puncture again. For a considerable time past it had been found impossible to get an instrument into the bladder, in consequence of its entering a false passage, which appeared to lead to some depth behind the prostate. This being the case, and the patient suffering excruciating pain from each attempt at introduction, the urethra was left undisturbed. The urine was voided frequently in small quantities, and at times with very severe pain. The man was employed about the hospital, but not retained as a patient. *Hirud.* x. *regioni pub. haust. salin. c. tinct. opii*, gtt. xxv. *vesp.*

On the next day the symptoms were much relieved. June 3rd. Whilst straining to make water, a rupture took place along the inguinal canal, on the right side. The house-surgeon reduced the gut, though with some difficulty. June 3d, 1 p. m. In the hypogastric and right iliac region, there is an ill-defined tumour, exquisitely painful on the slightest touch. He has not made water since 3 o'clock, A. M. and it seems that he has had no motion since the 1st. Great anxiety—pulse quick and bounding. The warm hip-bath was tried, but gave no relief. As it seemed probable from the retention of urine, and exquisite tenderness of the hypogastrium, that urine had got extravasated into the cellular membrane, it was determined to cut down upon the tumour, and ascertain its nature. An incision was accordingly made into it, in the line of the fibres of the external ob-

lique, and a second from the middle of this in a direction towards the umbilicus. The cellular membrane over the lower part of the recti muscles was found to be in a sloughy state, and some fluid having a decidly urinous smell escaped. *Fomentations.* 9 p. m. The bowels have acted twice, and the water passed freely both from the wound and urethra. *P. ipec. comp.* gr. xv. *cal.* gr. v. *statim—haustus sennæ cras mane.* 5th, Extremely low today—skin cold and clammy—pulse quick but small—he is sick at times. There is perceptible emphysema about the wound. *Vesp.* The sickness and depression still continuing, and the bowels not having been freely opened, Mr. Rose thought it possible that the hernia had not been entirely reduced. To decide this point, Mr. R. determined to operate, on doing which he found a small knuckle of intestine down, and quite black. The stricture, which was at the inner ring, was divided, and the gut returned into the abdomen. The patient, however, did not rally, and in spite of the exhibition of brandy, carbonate of ammonia, and opium, he sank at 9 p. m. next day.

Dissection. On opening the abdomen the viscera were found glued together by a mass of old and recent adhesions. In a portion of ileum was seen the small knuckle of intestine which had been strangulated; it was a good deal congested, but otherwise sound. There was pus in the cavity of the pelvis Attention was next paid to the state of parts about the bladder and pubes. A probe could be passed from the sloughy abscess in the hypogastrium down in the anterior part of the bladder, below its fundus, and on the outside of the peritoneum. The organ itself was much thickened and diseased, and on laying it open, it was evident that the cicatrix of the original wound, made by Mr Gunning, had given way. The first two or three inches of the urethra were quite sound, but near the membranous part the false passage commenced, and proceeded to some distance behind the prostate, where it gradually lost itself in the cellular membrane. It was lined by an adventitious mucous membrane. Just anterior to the caput gallinaginis was a stone the size of a large almond, and lodged in an abscess partly bounded by the body of the prostate, but principally situated in the membranous portion of the urethra. Beyond this the canal appeared to be entirely obliterated, but, at length, a small opening was with difficulty discovered, which, by means of a fine probe, was found to lead into the false passage, thus keeping up the communication between the bladder and urethra.

Remarks. It is curious to follow out the progress of this complicated case. Affected originally with stricture, retention of urine came on, and to the attempts at introducing an instrument for its relief, we may, in all probability, ascribe the commencement of the false passage. The water was now voided with extreme difficulty, and its accumulation in the bladder, together with the chronic inflammation set up in that viscus, was, no doubt, the main cause of the deposition of the stone. Where this was formed it is difficult to say; it is evident that, lodging in the membranous part of the urethra, it became an additional obstruction to the passage of the urine. The stone increased in size, and the cavity in which it lay was proportionately enlarged by ulceration. The false passage too was dilated by the introduction of instruments, whilst the natural channel became almost obliterated. In this state of things, it is not to be wondered at, that retention of urine should take place, or, that, having taken place, one of the old cicatrices in the bladder should give way, and the urine get extravasated into the cellular membrane. This, of itself, would most probably have killed the patient, broken down in constitution as he was, but when hernia also supervened, the case was hopeless indeed.

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5. FRACTURE OF THE PELVIS, WITH RUPTURE OF THE URETHRA.

[St. George's.]

Nicholas Glynn, æt. 32, was admitted into St. George's Hospital, June 9th, at 4, p. m. under the care of Mr. Jeffreys, with simple fracture of both thighs. The accident happened about an hour previously. Some men were employed above him in carrying a considerable weight; it slipped and precipitated him down a flight of twelve stairs. There were several wounds and bruises about the arm and shin—pulse small and weak—surface cold and exsanguined. The thighs were put

up in Desault's splint. In the evening there came on pain in hypogastrio, and the patient complained of not being able to pass his urine; no tumour, however, could be felt in the region of the bladder. A large sized gum catheter was introduced, to all appearance into the bladder, and six ounces of fluid blood drawn off. *A draught of sp. æth. sulph.* ℥j. *tinct. opii,* ℥ xxx. *and aq. menth. pip.* ℥iss. *every three hours.* At night, the pain in the hypogastrium increased, the countenance became anxious, and there was a cold perspiration on the skin. He vomited the draught. Two or three ounces more of bloody fluid were drawn off by the catheter. A little brandy and water occasionally.

10*th*. Very ill indeed—the pulse is small, quick, and hard—the countenance extremely anxious—thirst—constant vomiting. The pain in the belly is horrible, and has extended more towards the navel. Some fulness perceptible in the right iliac region. Four ounces of fluid, less bloody than before, were drawn off. *Haust. salin. effery.* ℥ij.—*tinct. opii,* ℥ x. *2dis. horis.* —*hirud.* x. *hypogastrio—fotus communis.* 6 *p. m.* The pain was relieved for a short time by the leeches, but it has since returned; catheterism—6 ounces of bloody fluid abstracted. *Enema, Calomel, and colocynth, at night.* 11th. He is evidently sinking to-day—pulse scarcely to be felt —tumefaction at the lower part of the abdomen more general, whilst the pain has greatly subsided. The patient is sensible, though rather hurried in his manner. Tongue of a dead dirty white, and browner in the centre. Constant vomiting of a nauseous, feculent looking fluid. At 4. p. m. he died.

Dissection. No marks of contusion observable about the pelvis externally. On cutting through the recti muscles, there escaped a quantity of bloody fluid, having an urinous smell, and exactly resembling in appearance that brought away by the catheter. It was contained in the cellular membrane, between the muscles and peritoneum, and for some distance around there was considerable extravasation of blood. The cellular tissue itself, in which the fluid was collected, was in a sloughy state. On exposing the cavity of the pelvis, it was discovered that the pectineal portion of each os pubis, where it forms the upper boundary of the thyroid foramen, was broken; on the right side the bone was shattered. The bladder was opened; but was quite healthy, and contained perfectly clear and limpid urine. On slitting up the urethra, a laceration was discovered in its membranous portion, immediately anterior to the prostate gland. This laceration evidently communicated with the cavity above-mentioned beneath the recti muscles. No other morbid appearances observed.

Remarks. The facts brought to light on dissection were certainly unforeseen by most present. It was generally imagined that rupture of the bladder had taken place, an opinion apparently confirmed by the catheter's bringing away bloody urine. It is now pretty evident, that the instrument did not enter the bladder itself, but passed through the laceration in the urethra into the cellular membrane. This, too, accounts for the nature of the fluid drawn off. At first it was almost pure blood, because blood only was extravasated; but latterly the urine predominated in consequence of its escaping through the rent of the urethra, and mixing with the blood effused. The excessive pain over the pubes was manifestly owing to the infiltration of the urine into the cellular tissue, and its taking on the sloughy state. The patient died, however, more from the prostration consequent on so serious an accident, than from inflammation, for the skin was cold, and the pulse small from the commencement.

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6. ANEURISM AT THE BEND OF THE ARM.

In our last number but one, we reviewed a case of this kind reported in the Lancet from the Westminster Hospital. In that journal Mr. White was censured for having put a ligature on the *radial* artery for a *varicose* aneurism. We observed that, from the perusal of the case, we were confident that the reporter was ignorant of the meaning of the terms he used, and that the *brachial* artery was tied for *diffused* aneurism. In a subsequent number of the Lancet our statement was asserted to be utterly false! In our last we again took up the subject, and proved that the falsehood lay—not with ourselves. In the Medical and Physical Journal for June, the case is related at large, by Mr. White himself. Into the details, of course, we shall not go, so much having been said on

the subject already, but we may remark that they bear out our statements most completely; they prove that the aneurism *was* "diffused," and "clearly show that the brachial artery, (not the radial or ulnar, as has been erroneously stated,) had been wounded." This is enough.

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7. INCONTINENCE OF URINE.

Two cases were lately mentioned at the Royal Academy of Medicine, by M. Canin, where dry-cupping the perineum, and a blister to the sacrum cured incontinence of urine in boys, one of 14 years of age, the other of 16 years. The former had been affected for two years with this complaint. He required eighteen applications of the cupping-glasses, in the course of a month. The cure was thus effected. In the second case, it required twenty applications, and a blister in addition. Various other means had been tried in both cases, without effect.

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8. ERGOT OF RYE.

M. Chevreul, a physician at Angers, has addressed a Memoir to the Royal Academy of Medicine, detailing sixteen cases in which the secale cornutum had been administered, in doses varying from 24 to 30 grains, as a mean of hastening delivery. Generally in the space of ten or fifteen minutes, pains of a peculiar character came on, and the labour was soon over No sinister accident happened, in any of these cases, either to mother or infant.

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9. UNSUSPECTED ABSCESSES IN THE LIVER.

[La Pitié.]

Case 1. Ant. Cyprien, a voiturier, aged 40 years, of strong constitution, after being a month in one of the surgical wards of La Pitié, for the treatment of some hæmorrhoidal tumours, was transferred to the medical wards, on the 26th May, for a quotidian intermittent fever, of irregular accession and duration. The patient presented an incoherence of ideas, and a stupor which could not be easily accounted for. The cheeks were flushed, and the action of the heart was tumultuous; but he complained of no pain in any part of the abdomen, which was supple, and void of tenderness. Constipation was obstinate, and cephalalgia intense. This state continued, without change, for nine days, when he died.

On dissection, a large abscess (four inches in diameter) was found in the centre of the great lobe of the liver, full of well formed pus. All the other viscera of the body were perfectly sound.

Case 2. A few months previously a case somewhat similar occurred in the same hospital, where an enormous abscess was found in the liver of a man who presented no symptom, while living, of such a malady being in progress. In this case the digestive organs were greatly disturbed in their functions, sympathetically, as were the functions of the brain in the preceding instance.

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10. CAS RARES—REMARKABLE CASES.

In a former number of this Journal we gave an abstract of the celebrated article in the *Dictionnaire des Sciences Medicales*, entitled "CAS RARES," in which there were numerous cases, not only curious but useful. Haller was the first to keep a separate account of "rare cases," in his note book, and several physicians have since imitated the practice, especially Boehner. Dr. Cassan has lately published, in the ARCHIVES GENERALES, an article under this head, of which we shall take some notice in this place.

1. *Albinism.* A female, thirty-three years of age, was cited before the chamber of Peers, to give evidence respecting the celebrated criminal Louvel. The effect of this citation was such that, in one night, her hair became completely blanched, while an extensive dartrous eruption came out on the head, forehead, and front of the chest. The eruption disappeared in time, but the whiteness of the hair remained permanent. There are several other instances of this kind on record, and among others, we believe, that of the late Queen of France.

2. *Rapid Formation of a Goitre.* Miss Louiset, after a violent corporeal exertion, in raising a weight, experienced, in 24 hours, a great enlargement of the left

lobe of the thyroid gland—which enlargement has continued ever since.

3. *Expulsion of a Tænia.* A man was tormented with tape-worm for ten years, and tried all means of expelling the enemy, but without the least effect. He then despaired of success, and determined to live on friendly terms with this obstinate tenant of his nether region. One day, having eaten most voraciously of a soup made with fat pork, he was seized with a violent indigestion, during which the tænia was discharged entire.

4. *Permanent Hoarseness.* A young girl, who had begun to menstruate, was seized with a severe catarrh, for which she was bled from the arm, a few hours after the menstrual period had commenced. The catamenia were immediately suppressed, and she quickly lost her voice. A hoarseness succeeded, and has never since been removed. This is the third instance of a similar kind, from bleeding at an improper period, which our author has known.

5. *Great Dilatation of the Cardiac Veins.* A young lady, who was a teacher at a boarding-house, having experienced some severe mental affliction, became affected with orthopnœa, attacks of suffocation, irregularity of pulse, great emaciation, œdema of the legs and feet, dry cough, slight discharges of blood from the lungs, lancinating pains under the left false ribs. She removed to a MAISON DE SANTE, and there died.

Dissection. The lungs were found healthy. The heart was of extraordinary dimensions, and its cavities filled with black blood. The two coronary veins were so enlarged, that the fore-finger could be readily introduced into them for some inches. The left cavities of the heart were greatly dilated, but their parietes were not extenuated The right chambers were equally dilated, but here the walls were remarkably thin.

6. *Inequality of Pulse in the two Radials.* This phenomenon is by no means uncommon; but we cannot always recognize the cause after death. In the following case, however, the cause appears to have been revealed by dissection.

A female died of pneumonia, the pulse having been intermittent, irregular, small, and scarcely sensible in the right radial artery; while in the left arm the pulsations were strong, full, and regular. On dissection, the right lung was found completely hepatised, and pressing on the subclavian artery of that side. The left lung was free from disease.

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11. ACUPUNCTURE.

Mr. Earle lately employed this mysterious remedy in a case of obstinate sciatica, which had resisted every other method of treatment. Two needles were introduced, to the depth of an inch, near the sacrum, and kept there a quarter of an hour. The sciatica almost immediately ceased, and the patient passed a quiet night, for the first time during some months. The old enemy returned, though not in force, a few days afterwards, and was finally routed by a couple of needles.

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12. NITRATE OF POTASH IN MENORRHAGIA.

Dr. G. B. Carrese has lately published four cases of obstinate menorrhagia, cured by half-drachm doses thrice a-day. In all these cases, there had been mental troubles, attended with occasional suppressions and irregularities of the menstrual secretion. At length, the discharge was habitually so great as to injure the health, and then it was that Dr. C. administered the nitre in the above-mentioned doses, well diluted in barley-water, or other ptisans. In all the patients, the medicine produced a sense of coldness in the stomach, constriction, some nausea, and giddiness in the head. To these effects were added, an indescribable sense of tumult or revolution in the abdomen. The menorrhage in all the four cases, was soon cured. *Journ. Complem. Nov.* 1826.

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13. AMAUROSIS.

The following history is given in Hufeland's Journal, for September last, by Dr. Hausbrond, of Bramesberg. Five children of a Jew merchant had had scarlatina, and where all convalescent, except a fine intelligent boy of 13 years of age, who did not recover so well as the others, though, in his case, the scarlatina had been milder. In the night of the 14th December, the boy became extremely restless, without apparent cause, then

got delirious, and had several attacks of epileptiform convulsions. Dr. H. being called in, considered the child to be in a most dangerous situation, and that he would quickly expire. Three hours afterwards, however, a messenger informed the Doctor that the boy was rather better. The breathing had now become freer, the pulse perceptible, the animal heat was returning, and the features resuming something of their natural expression. When re-action had taken place, leeches to the temples, blisters to the nape of the neck, &c. were employed, while some calomel was exhibited internally. In the morning, the patient seemed deprived of his mental faculties, and of the sense of hearing; but these were partly restored after the leeches, blisters, &c. had acted. His speech, however, was greatly embarrassed. It was now discovered, also, that the boy was totally blind. The pupils were moderately dilated, and evinced no sensibility to light. Cold was now no longer applied to the head—and the antimoniated ointment was rubbed over the scalp. In the course of a little time, the antimonial pustules not only covered the head, like a crust of tinea favosa, but appeared on various other parts of the body, to which the antimony never had access. The sight returned at the end of five days, and the boy rapidly convalesced. When he was supposed to be entirely out of danger, at the end of five weeks, he became affected with a violent fever, which the Doctor considered as the secondary fever of the artificial pustules on the head and other parts of the body. The fact was, that the poor boy was brought into a dreadful state of irritation by the antimonial eruption, which harrassed him day and night. The patient, however, recovered from this fever, and his sight was perfectly restored.

14. INCISIONS IN ERYSIPELAS PHLEGMONODES.

We see, by a report from Bartholomew's Hospital, that Mr. Lawrence supports the method of treatment by incisions. A man had received a blow by a fall on the elbow. Erysipelatous inflammation followed, involving not only the skin, but the cellular membrane of the arm. Much constitutional fever and irritation were set up, and Mr. Lawrence resorted to incisions, carried the whole length of the inflamed parts, one being ten, and the other twelve inches in length. The exposed cellular membrane was found inflamed and thickened, and some dusky effusion, with a mixture of pus, was evolved from one of the incisions. The wounds bled freely, and all redness of the arm soon disappeared. Although some sloughing of the cellular membrane and integuments ensued, with considerable constitutional disturbance, yet the patient did well, and quickly recovered.—*Lancet No.* 186.

15. NOXIOUS EXHALATIONS.

The experience of hospital surgeons must often have shown the danger of bringing abraded surfaces within the range of exhalations from foul ulcers. The following is an instance.

A female was admitted into Bartholomew's, with an inflamed ulcer of the leg. Rest, leeches, and proper diet, soon brought the sore into a healing condition. When the cicatrization was considerably advanced, two other patients, one with mortification of the leg, and the other with a phagedenic ulcer of the foot, were placed in the adjoining beds. Quickly the first patient's sore took on an unhealthy aspect, and rapidly spread into an extensive sloughing ulcer. She was now removed into an airy ward, and nothing particular was done, in order to ascertain the influence of removal from the sphere of vitiated effluvia. The pain was immediately relieved, and the surrounding inflammation quickly subsided. But, as the surface did not seem inclined to clear, cinnabar fumigation was employed for a week, when the sloughy character disappeared, and the ulcer healed rapidly.

We hope the chloruret of lime may prove serviceable on such occasions, by correcting the effluvia from foul sores, and preventing their action on others exposed to their influence.

16. NÆVI MATERNI.

Among the novelties of medical practice, we may mention a curious remedy for nævi materni, first employed, we understand, by Mr. Hodgson, of Birmingham, and now in course of trial by some surgeons of London. It is VACCINATION

of the nævus, in several points of its surface, by the specific inflammation of which, it is said, the nævus is arrested in its progress, or caused to slough. We recommend our surgical brethren to try this easy and simple remedy.*

We apprehend, however, that no plan will be equal to that of the ligature. If the tumour be too large for a single ligature to surround, a needle should be passed under the centre of the nævus with a double ligature, and then the two halves surrounded in the usual way. We believe that Mr. Lawrence ties the ligature very tight, and cuts it away at the end of 48 hours, to lessen irritation. A great number of nævi, of various sizes, have been removed in this manner by metropolitan surgeons, of late, without a single bad consequence.

* It has recently succeeded under Mr. Earle, at Bartholomew's.

BIBLIOGRAPHICAL RECORD;*

OR,

Works received for Review between the 15th of March, and the 15th of June, 1827.

1. A Treatise on Physiology applied to Pathology. By F. J. V. Broussais, M.D. &c. Translated from the French by John Bell, M.D. &c and R. La Roche, M.D. &c. 8vo, pp. 559. Philadelphia, 1826.

☞ *An excellent work.*

2. Observations on the Causes and early Symptoms of Defects in the Form of the Spine, Chest, and Shoulders, and on the means of correcting them: with Remarks on the different Methods pursued in this Country and on the Continent, in the Treatment of Distortions; being an enlarged Edition of the Papers lately published in the London Medical Journal. By John Shaw, Surgeon of the Middlesex Hospital; and formerly Lecturer on Anatomy. 8vo, pp. 132, plates vii. London. Longman's, 1827.

3. Thought not a Function of the Brain: a Reply to the Arguments for Materialism advanced by Mr. W. Lawrence, in his Lectures on Physiology. 8vo, pp. 80. Rivington, London, 1827.

4. A Treatise on the Diseases of Females. By Wm. P. Dewees, M.D. Adjunct Professor of Midwifery in the University of Pennsylvania, &c. 8vo, pp. 557. Philadelphia, 1826.

5. Clinical Observations on the Efficacy of Hydrochloruret of Lime, as a Remedy in certain Stages of Fever and Dysentery. By Robert Reid, M.D. Author of a Treatise on Tetanus and Hydrophobia, &c. 8vo, stitched, pp. 35. Hodges and M'Arthur, Dublin, 1827.

6. Dr Hassel's Practical Observations on the General and Local Antiseptic Properties of the Chlorurets of the Oxides of Sodium and Calcium, in the Practice of Physic and Surgery; and for correcting the Effluvia of decomposed Animal Matter. 8vo, stitched, pp. 31. Price 2s. 6d.

7. Farming the Sick Poor. Observations on the Necessity of establishing a different System of affording Medical Relief to the Sick Poor: than by the Practice of contracting with Medical Men, or the Farming of Parishes. By J. F. Hulbent, M.R.C.S. &c. 8vo, stitched, pp. 51. Shrewsbury, 1827.

* We have to apologize to authors for any omissions or inaccuracies which may occur in the present Record. The paper on which we inscribe the works we receive was unfortunately mislaid at a late period of the quarter, and the list must of course be, in some degree, imperfect. If, however, gentlemen will send us the *titles* of those works which are unnoticed, they shall be inserted in our next. *Ed.*

8. Medical Botany; or, Illustrations and Descriptions of the Medicinal Plants of the London, Edinburgh, and Dublin Pharmacopœias, with those lately introduced into Medical Practice; comprising their Generic and Specific Characters; English, Provincial, and Foreign Appellations; a copious List of Synonymes; Botanical Descriptions; Natural History; Physical, Chemical, and Medical Properties and Uses: including also a Popular and Scientific Description of Poisonous Plants, particularly those that are indigenous to Great Britain and Ireland; with Figures coloured from Nature; the whole forming a complete System of Vegetable Toxicology and Materia Medica. By JOHN STEPHENSON, M.D. Graduate of the University of Edinburgh; and JAMES MORSS CHURCHILL, Esq. M.R.C.S. &c. Parts IV and V for April and May, 1827. John Churchill, London. 3s. 6d. each part.

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9. A Treatise on Special and General Anatomy, in Two Volumes. By WILLIAM E. HORNER, M.D. Adj. Prof. Anat. Univ. Pennsylvania, &c. 8vo, bound, pp. 491—524. Philadelphia, 1826.

☞ *This seems to us a meritorious work. The author, in an amusing and clever preface, bears rather hardly upon Mr. John Bell. That gentleman, with all his faults, was no fool, and though he was somewhat given to hyperbole, and rather too fond of showing up his brethren, we very much question whether his system of anatomy and physiology is not far preferable to many of the slip-slop productions of the present day. This censure does not apply to Dr. Horner, whose Treatise appears to us to be well and carefully written, and will, we are sure, prove highly useful to those who are studying their profession.*

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10. Pathological and Practical Observations on Spinal Diseases; illustrated with Cases and Engravings. Also, an Enquiry into the Origin and Cure of Distorted Limbs. By EDWARD HARRISON, M.D. F.R.A.S. Ed. &c. pp. 294, plates XV. Underwoods, London, 1827.

☞ *In our next.*

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11. A Treatise on Clinical Medicine, being a compendious and systematic Introduction to Practice, as contained in the Memoranda of J. R. BISCHOFF, M.D. Imperial Professor of Clinical Medicine, &c. From the German, by JOSEPH COPE, M.D. 12mo, pp. 280. London, Highley. 1827. Price 6s.

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12. Laws of Physiology; translated from the Italian of Il. Sig. Dott, B. Mojon, Professor Emeritus, in the Royal University of Genoa, and Member of many learned bodies. With additions, and a Physiological Table of Man. Dedicated by permission to Sir Astley Paston Cooper, Bart. F.R.S. Surgeon to the King. By GEORGE R SKENE, M.R.C.S. &c. 8vo, pp. lxxii.—125. Burgess and Hill, London, 1827.

☞ *The author of this translation is a very meritorious and well educated young surgeon. We hope he will hereafter appear in the character of author rather than translator, since the original matter in this volume is such as to raise hopes of higher labours from the same pen.*

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13. Two Introductory Lectures on Materia Medica, delivered at the opening of the Course, and at the Commencement of the Vegetable Materia Medica, at Mr. Grainger's Theatre, Webb Street, Maze Pond, Borough, and at the New Medical School, Little Dean Street, Soho. By FRANCIS BOOTT, M.D. Octavo, pp. 70. Highley, London, 1827. Price 3s. 6d.

☞ *These Introductory Lectures disclose a mind highly gifted and stored with the fruits of ample and well-directed researches.*

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14. An Essay on Gout; in which its actual Predisponent, Proximate, and Exciting Causes are clearly defined; and its preventive and curative indications fully demonstrated, upon new Pathological Principles, which exhibit a more consistent, safe, and efficient Method of Treatment than any hitherto promulgated. To which are added, Observations on the Modus Operandi of Bath Waters in Gouty Habits. By P.P.P. MYDDELTON, M.D. &c. Fourth Edition. 8vo, pp. 97. Bath, 1827.

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15. Elements of Physics, or Natural Philosophy, general and medical, explained independently of Technical Mathematics. By N. ARNOTT, M.D. of the

Royal College of Physicians. 8vo, pp. 611 Underwoods', London, 1827.

☞ *See our present number.*

16. The American Medical Recorder, Nos. 35 to 38, inclusive, July, 1826 to April, 1827. *In exchange.*

☞ *We shall feel much obliged to Mr. Webster to include the Medical Recorder in any parcel which he may be sending to Mr. Millar, the spirited American Bookseller, in London. We shall repay Mr. Millar his expenses. Sent separately by packets on board ship, the expense is considerable.*

17. The North American Medical and Surgical Journal, No VI. *In exchange.* April, 1827.

18. The New York Medical and Physical Journal, quarterly, No. 21. April, 1827.

19. A Treatise on the nature and Cure of Rheumatism; with Observations on Rheumatic Neuralgia, and on Spasmodic Neuralgia, or Tic Douloureux. By Charles Scudamore, M.D. F.R.S. Honorary Member of Trinity College, Dublin, &c. 8vo, pp. 589. London, 1827.

20. The Hunterian Oration, delivered before the Royal College of Surgeons in London, on Wednesday, Feb. 14, 1827. By H. Leigh Thomas, F.R.S. &c. 4to, pp. 28. 1827.

21. An Oration delivered before the Medical Society of London, on Thursday, March 8, 1827, (being the fifty fourth anniversary,) by Wm. Kingdon, Vice-president, &c. 8vo, pp. 16. London, 1827.

22. An account of the apparatuses for the treatment of rheumatism and diseases of the skin, which have been constructed at the Dublin Skin Infirmary; illustrated by many plates. By Wm. Wallace, M.R.I.A. Surgeon to the Charitable Infirmary, Dublin, and to the Infirmary for the Treatment of Rheumatism and Cutaneous Diseases in that City, &c. Second Edition. 4to, pp. 44. Dublin, 1827.

23. The Anatomy of Drunkenness. By Robert Macaish, Member of the Glasgow Medical Society. 8vo, pp. 56. M. R. M'Phun, Glasgow, 1827.

☞ *If the Religious Tract Society were to distribute 30 or 40 housand copies of the above pamphlet, they would probably do more good both to the bodies and souls of men in the lower orders of society, than by double the number of their most celebrated orthodox effusions.*

24. Some Account of the Science of Botany; being the substance of an Introductory Lecture to a Course on Botany, delivered in the Theatre of the Royal Institution of Great Britain. By John Frost, F.A.S. F.L.S. &c. (Dedicated by permission to the King.) 4to, pp. 17. London, 1827.

25. Commentaries on some of the more important of the Diseases of Females. In Three Parts. By Marshall Hall, M.D. F.R.S.E. &c. 8vo. pp. 376, plates viii. London, Longman's, 1827.

☞ *In our next.*

26. The New London Medical and Surgical Dictionary, including Anatomy, Chemistry, Botany, Materia Medica, Midwifery, Pharmacy, Physiology, &c. With the Collateral Branches of Philosophy, Natural History, &c. By J. S. Forsyth, Surgeon, &c. Author of the New London Medical Pocket-book, &c. 12mo, pp. 930. Sherwood, London, 1827. Price 15s. boards.

27. Journal des Progrès des Sciences et Institutions Médicales, en Europe, en Amérique, &c. 2d volume, 1827. Paris, 1827. *In exchange.*

28. Some Observations on the Medicinal and Dietetic Properties of Green Tea, and particularly on the controlling influence it exerts over irritation of the Brain. By W. Newnham, Esq. Author of an Essay on Inversio Uteri, &c. pp. 32. stitched. London, 1827.

☞ *See Periscope.*

29. Reply to the "Additional Strictures" contained in the first number of the Quarterly Medical Review, &c. By Leonard Koecker. Pp. 35. London, 1827.

☞ *It was hardly worth Mr. Koecker's while to answer the defunct. The criticism*

on Mr. Koecker's work was so clearly a venomous and jealous effusion, that it failed entirely in its object. Mr. K. has nothing to fear from it.

30. A Clinical Lecture delivered to the Students of Surgery in the Royal Infirmary of Edinburgh, at the conclusion of the Winter Course for 1826-27. By GEORGE BALLINGALL, M.D.

☞ *One of Dr. Ballingall's cases, supposed colica pictonum, will be found noticed in our review of Andral this quarter. We shall probably notice some more of the cases in this able report in our next.*

31. The Life of Edward Jenner, M.D. L.L.D. F.R.S. Physician Extraordinary to the King, &c. with Illustrations of his Doctrines, and Selections from his Correspondence. By JOHN BARON, M.D. F.R.S. 8vo, pp. 608. London, Colburn, 1827. ☞ *In our present number.*

32. A Clinical Report of the Royal Dispensary for Diseases of the Ear. With Remarks on the Objects and Utility of the Institution. By JOHN HARRISON CURTIS, Esq. Surgeon Artist to his Majesty, &c. pp. 48. London, 1827.

33. A Case Book for registering Cases and Occurrences that may be considered important in Medical and Surgical Practice, with a Chart appended, as a Guide for taking cases. Jackson, Borough, London.

☞ *This is the best form of case-book we have yet seen, and we strongly recommend it to every private practitioner who wishes to record, and profit by the records of his experience.*

34. Treatise on the Theory and Practice of Physic By GEORGE GREGORY, M D. with Notes and Additions adapted to the Practice of the United States. By NATHANIEL POTTER, M.D. Professor of the Practice of Physic in the University of Maryland; and S. COLHOUN, M.D Member of the American Philosophical Society. In two volumes, 8vo, pp. 532—pp. 546, Philadelphia, 1826.

☞ *The notes and additions to this transatlantic republication of Dr. Gregory's Practice of Physic, do great credit to the talented editors, who have transplanted our able countryman's production to a foreign soil. They give us a good idea of the actual state of medical practice in America —and that idea is calculated to raise the character of the transatlantic profession wherever this edition may find its way.*

35. Observations upon the Origin and latent Period of Fever. By HENRY MARSH, A.B. M.D. &c. Physician to Steeven's Hospital, &c. 8vo. pp. 80. (From the 4th vol. of the Dublin Hospital Reports.)

☞ *This paper will be duly noticed in its turn, while reviewing the volume in which it was originally published.*

INTELLIGENCE, CORRESPONDENCE, &c.

Clinical Assistants.

Our readers are aware that, for several years past, we have urged the propriety of selecting well-qualified pupils for the registry of all interesting cases in our public hospitals—a practice so general on the Continent, and especially in Paris. We are glad to observe that this plan is about to be put into execution in the Westminster Hospital, and we hope it will soon be followed by all the great hospitals of town and country. It appears that the situation (which is for six months only) is to be a bonus or reward for merit. The individual is to be selected from the most deserving and best qualified pupils—is to undergo an examination—and then is to have board and lodging free of expense. We beg to suggest that, in order to make these institutions as useful as possible to the profession and the public, the pupil thus distinguished should not only be responsible for an accurate clinical history of the hospital during his sojourn, but should be expected to publish a clinical report for the period, in some of the medical journals. Without this, the plan will be confined to individual advantage, and and the public welfare neglected. But there will not be wanting sufficient stimulus to the publication of such reports, in the notoriety and reputation thereby acquired by the pupil at the outset of his professional career. We hope to materially further this excellent plan by the prizes which we shall regularly confer on the best hospital reports.

P.S. We have had much pleasure in

learning that the above post of honour, in the Westminster Hospital, has been conferred on Mr. Smith, who obtained the prize for the best hospital report in our last number.

Incisions in Erysipelas.

We understand that some observations which we made on this subject, in our last number, p. 587, have been misconstrued into an insinuation, that Mr. Copland Hutchison had been anticipated in the treatment of erysipelas phlegmonodes by incisions. We never meant any such insinuation, and have always distinctly named him as the first to employ this measure. The allusion to incisions in erysipelas, on board a line of battle ship in Basque roads, in the year 1809 or 1810, does not convey any such idea as has been entertained; for we know that Mr. Hutchison employed this remedy before those years, in the Royal Hospital at Deal.

We have received several communications, on the condition of being inserted *entire*, and as original papers. We beg to state, in expressing our thanks to those who have favoured us, that we cannot break through the rule which we have made, to keep this work entirely for the purpose of analytical reviews of books, and Periscope of Journals. All original papers must be published in the Extra-Limites department, and at the expense of the respective authors.

To Mr. Kingsley, and several of our Irish friends, we beg to say that their communications were forwarded to the monthly journals, and we see their receipt acknowledged there. But we cannot hold ourselves accountable for the subsequent disposal of the papers.

We were unable to give insertion to the interesting paper of Mr. T. G. of K——, on the use of ergot of rye in tedious labours. If he will permit its insertion in the Medical and Physical Journal, or Repository, in the course of the quarter, we will take full notice of it in our next Periscope. Silence till the 20th of July will be considered *consent*.

Internal Variolous Pustules.
(Val de Grace.)

Doubts have been entertained of variolous pustules affecting the internal surfaces. The following case, occurring in a public hospital, puts the matter, we think, beyond a doubt.

Case. Francis Lecoudre, aged 22 years, a private in the 39th regiment, entered the Val de Grace Hospital on the 16th July, having been ill eight days. On the 17th, in the morning, he presented the following phenomena:—he had been very delirious in the night—his eyes now haggard, and his face pale—tongue dry and brown—some spasms of the upper extremities—heat of surface intense—difficulty of swallowing—speech slow, but distinct—pulse small and above 100: coughs much. Leeches were immediately applied to the epigastrium, larynx, and temples, from the bites of which the blood flowed copiously. Lemonade *ad libitum*. 18th. The symptoms were somewhat mitigated. 19th The patient is worse in all respects—face hippocratic. Sinapisms to the feet. 20th. The lower jaw is locked—convulsive movements in the limbs and trunk. He died on the 21st.

Dissection. The sinuses of the dura mater gorged with blood—brain firm—ventricles filled with sanguinolent serum—signs of inflammation in the pia mater and arachnoid. The lungs were sound, but the mucous membrane of the trachea and bronchia was of a vivid red colour, and the tubes filled with sanguinolent mucosities. No other diseased appearance in the chest. In the abdomen, the mucous membrane of the stomach and intestines, from the termination of the œsophagus to the rectum was covered with a pustular eruption, the eruptions being round, depressed in their centres, and filled with a limpid yellowish fluid. Several of the pustules were confluent, and all of them had exactly the appearance of small-pox pustules. On the most careful examination, no mark of variola, or of variolous vaccine inoculation could be detected on the surface of the body. The appearances on dissection, and the symptoms during the life of the patient, induced the physician (Dr. Damiron) to conclude, that it is possible, during an epidemic prevalence of variola, for the disease to affect the internal surface of the body alone—and that the above was a case of this kind.

Stomach Pump.

Mr. Fox, House-Surgeon of the Derbyshire General Infirmary, has constructed

a pump, adapted either for the stomach, or for the common purposes of an injecting syringe, and which we have seen. The simplicity of the construction will, we think, be a great recommendation to the instrument. The description and plates of the pump may be seen in the April Number of the Medical and Physical Journal, to which we refer our readers for an accurate idea of the instrument, which, we have no doubt, will soon be in all the shops for sale.

Anatomical Persecution.

The profession must have learnt with regret and indignation, the prosecution, or rather persecution, of Mr. Cooke, of Exeter, for disinterring and examining a body in that city. The law-suits instituted against him must have cost him a very large sum of money, besides the loss sustained in his professional pursuits by the revengeful, illiberal, and, we had almost said diabolical *mode* in which the prosecution was carried on. We think the Profession should, at once, show their sympathy for Mr Cooke, and their detestation of the course pursued by his persecutors, by a liberal subscription, not merely to reimburse the common law-expenses, but to assist him in re-establishing his practice. On such occasions as the present, the way to evince the feeling of the Profession, is by *small* but *numerous* contributions. With the view of aiding in this professional feeling, by adding to the impulse which has already been given, we have contributed our mite, and directed our publisher (Mr. Highley, 174, Fleet-street) to receive the names and contributions of our brethren, for the security and proper application of which, we will be answerable.

The names of the contributors will appear in our next number.—*June* 17, 1827.

P. S. After the above had gone to press we applied to Sir Astley Cooper, Mr. Brodie, and some other eminent individuals, for their names as the commencement or nucleus of a subscription. We learnt that, the very evening before, a meeting had taken place, and a *private* subscription had been set on foot, for the purpose of defraying the law expenses incurred by Mr. Cooke. We contributed our mite through that channel; but, with all due deference and respect for the opinions of the distinguished personages who have adopted the plan of a *private* subscription, we beg to state our entire dissent from such a proceeding. A private subscription befits a case of private distress—whereas a *public* grievance, oppression, or persecution, demands a *public* expression of sympathy for the aggrieved, and indignation against the aggression. In the publicity of this sympathy and feeling consists the main *levamen* of the injury sustained by the individual—and not in the mere reimbursement of a certain number of pounds expended in law. We therefore persevere in recommending a *public* subscription, however small the contribution, and we pledge ourselves to publish the names (the amount of individual contribution need not be published) in our next number. Mr. Highley, will receive all names and subscriptions for that purpose from the 1st of July, till the 15th September.

The public and Mr. Cooke have now the satisfaction of knowing that the first professional characters in this metropolis *have* unanimously agreed to forward a subscription—and we feel no compunction of conscience in giving *publicity* to this fact, even against the consent of the parties concerned.

We are unable to give insertion to the letter of Dr. Brown, of Preston, respecting his mode of treating intermittent fever, for the reasons already assigned, that this is *not* a journal for *original communications*. Were we to give insertion to all the letters that come to us, respecting subjects animadverted on in this and in other journals, we should not have a single page left for the proper and avowed objects of the work. The Extra-limites department is open for all those who defray the expense of paper and type. In this department, a sacrifice is made by individuals to the public good. We make a considerable sacrifice ourselves, in the *extra quantity* of letter-press which we give in this journal; but we cannot carry that beyond certain limits.

Medico-Chirurgical Society.

We are happy to be able to state, that our anticipations last quarter have been amply realized. The Society is, at this moment, in a more flourishing condition than at any former period since its first establishment. Papers are crowding in from the highest orders of the Profession, and the applications for admission, as

members, are more numerous than ever they were. The council has been obliged to call extra meetings every second Tuesday throughout the last month, in order to get through the numerous and important papers transmitted to the Society. A volume of Transactions will now be regularly published every year—a circumstance that will induce many to contribute papers, who would otherwise hold back, from the uncertainty of publication. Some very valuable papers have lately been read, from Messrs. Lawrence, Stanley, Earle, and other distinguished surgeons of this metropolis.

Dr. Clark has in the press, an ESSAY ON THE EFFECTS OF CLIMATE ON DISEASE, including Directions to Invalids going abroad for the recovery of their Health. To which is added, some account of the principal Mineral Waters of the Continent, and of their Effects in Chronic Diseases.

After our last number was closed, we received a letter from Mr. Lambert, calling on us for explanation relative to an observation made on an *anonymous* report from Guy's Hospital, and holding out a *personal threat*, if we did not do so. Mature reflection has led us to refuse insertion to his letter—for three reasons, *first*, because no observations were made on Mr. Lambert, and no man has a right to call retrospectively for explanations respecting an *anonymous* paper—*secondly*, because a threat was held out in the letter, (and personal threats we shall ever despise)—*thirdly*, because the language in which Mr. Lambert's note is couched, is totally inadmissible.

Emaciation of the Heart.

This disease, though not nearly so frequent as the opposite extreme, hypertrophy, is yet by no means rare. The following case is interesting.

A young lady, 20 years of age, of sound constitution and good health, was attacked in March, 1826, with a catarrhal disease, which prevailed in Austria at that time. On the sixth day there was a considerable aggravation of the complaint, the cough being dry, with pain in the thorax. She could not bear the least noise, and had intense cephalalgia, without fever. In the evening she had a slight rigor succeeded by heat, after which she fell into a slumber and awoke in a fright, complaining of oppression and sense of dying. Ten ounces of blood were taken from her arm, but the sense of oppression and other distressing feelings were increased by the loss of blood. The breathing became short, the pulse irregular, the pulsations of the heart and carotids violent, the hands and feet cold. "When the hand was applied to the chest there was felt an agitation and noise resembling that of boiling water." The intellectual faculties were tranquil. To these symptoms were added vomiting and purging. Towards evening there was some mitigation of her sufferings, which was only a prelude to death, which took place at eight o'clock, in the full possession of her mental powers.

The body was examined 17 hours after death, when the lungs were found gorged with blood, and the bronchia filled with sero-sanguinolent frothy fluid. There was some effusion in the right side of the chest. But the most remarkable phenomenon was the wasting of the heart. The parietes of the right ventricle were not thicker than the back of the scalpel —those of the left side about three times that of the right. The muscular structure was quite rotten, and easily meshed between the fingers. The size of the heart generally was not more or less than natural.

The above case offers an example, not very rare, of a vital organ being in a very bad state, yet without any adequate symptoms occurring till some accidental commotion in the system, when the diseased organ quickly fails in its function, and death is the consequence.

As a very remarkable contrast to the above case, we this day examined the body of a child, six months old, who died rather suddenly and unexpectedly, while attended by Mr. Fincham, of Spring Gardens. Every part of the body was in a state of perfect integrity, except the heart. The parietes of the left ventricle were more than half an inch in thickness —in fact, they were as thick as those of an adult heart. The cavity of the ventricle was so small that it would not contain half a tea-spoonful of fluid. This was the most remarkable specimen of hypertrophy of the ventricular parietes we have ever seen. Yet this infant exhibited no particular symptoms of disorder till within a day or two of its death, when its breathing became disturbed, and, as was mentioned before, it suddenly died.

LIST
OF
SUCCESSFUL CANDIDATES
FOR
THE HOSPITAL REPORT PRIZE.

Palmam qui meruit ferat.

NO.	NAME.	HOSPITAL.	DATE.
1	THOS. H. SMITH, (Pupil.)	St. Thomas's.	April, 1827.
2	Mr. GEORGE BURY, (Pupil.)	Winchester Co.	July, 1827.

PRIZE—*a complete Set of the* MEDICO-CHIRURGICAL REVIEW—*perpetual Registry of the successful Candidate's Name in the Journal.*

N. B. A report came too late. The manuscript must always be forwarded at least one month before publication day.—Two prizes are offered for the succeeding quarter.

ADDITIONAL SUBSCRIBERS.

Ashton, Mr. Thomas, Manchester.
Baillie, Mr. Surgeon, Tring, Herts.
Baume, Dr. Berlin.
Beaufoy, Mr. Surgeon, &c.
Bower, Dr. R. Royal Navy, Cape of Good Hope.
Birch, Mr. George, Licentiate of the Apothecaries' Company, Wales.
Carville, Mr. J. W. Surgeon, Knockholt, Kent.
Cooke, Mr. Charles Turner, Member of the Royal College of Surgeons of London, Cheltenham.
Cooke, Mr. John F. Surgeon, Gloucester.
Goull, Dr. Elgin. N.B.
Edwards, Thos. Esq. Surg. Clapham.
Howitt, Mr. E. D. Surg. &c. 3, Apollo Buildings, East-street, Walworth.
Hunter, Samuel, Esq. Glasgow.
Huggins, Daniel, M.D. St. Vincent.
Kennedy, R.H.M.D. Baroda, Bombay.
King, Dr. R.N. to New South Wales.
Mackay, Mr. W. Surgeon, Glasgow.
Manthorpe, Mr. D. L. Surgeon, Thorpe le Token, Essex.
Medical Commissioners of His Majesty's Navy, Victualling Board, Somerset Place.
Millar, Dr. S. New Broad-street.*
Morrison, Dr. St. James's Square, London.
Naval Medical Library, Haslar Hospital.
Paul, Dr. John, Elgin, N.B.
Potter, Mr. Surg. Knutsford, Cheshire,
Robertson, Mr. Surgeon, Manchester.
Thomson, Mr. William, Glasgow, (2 copies.)
Wise, Dr. Richard, Helston, Cornwall.

* In No. 11 of this Journal, this Gentleman's name was accidently wrong spelt.

THE

MEDICO-CHIRURGICAL REVIEW.

(FOURTH NUMBER OF 1827.)

"Nec tibi quid liceat sed quid fecisse decebit
"Occurrat, mentemque domat respectus honesti."

VOL. VII.] OCTOBER 1, 1827. [No. 14.

[NEW SERIES.]

I.

The Dublin Hospital Reports, and Communications in Medicine and Surgery. Volume the fourth. Dublin, 1827.

IN our last number, we gave an analysis of several articles in this volume; and we now renew our labours, in order to diffuse through the profession at large the results of hospital practice in the Sister Isle.

ART. I.

Report of the Amputation of Portions of the Lower Jaw, performed at Steevens's Hospital. By JAMES W. CUSACK, A.B. M.D. &c. &c.

This formidable operation has lately become rather familiar to the surgical world in France, in America, and in Great Britain. Those diseases requiring amputation of the inferior maxilla are either cancerous affections commencing in the soft parts, and contaminating the bone by contiguity—or morbid growths, originating in the medullary structure, and endangering life by their effects on the constitution, or interference with the functions of neighbouring organs. The operation in question, even at the articulation, is not so formidable a one as might be supposed—nor is it attended with so much inconvenience or deformity as might naturally be expected. But we must proceed at once to give some account of the cases, seven in number, which are contained in this paper.

Case 1. A woman, aged 46, of healthy constitution, was admitted into the Meath Hospital, on the 21st of June, 1824, stating that, six years previously, after the extraction of a molar tooth, a small tumour rose from the vacant alveolar space, being firm and elastic to the touch, and nearly insensible to pressure. When it had become somewhat larger, an apothecary pushed a lancet into its centre, which was followed by profuse hæmorrhage. Other practitioners made other incisions, and all were followed by much bleeding. In the course of a year, the swelling occupied a large portion of the bone, impeding the motions of the tongue, and preventing mastication. Still the patient was free from pain. A deep incision now was followed by a rapid extension of the disease, which impeded respiration and deglutition—was attended with profuse ptyalism and occasional hæmorrhages, and in this state she entered the hospital.

"When she presented herself at the hospital, I found almost the entire of the left side of the lower jaw involved in the disease,—the tumour projected outwards, and caused much deformity, the jaws being separated by a portion which protruded between the teeth, and prevented the closure of the lips. On inspecting the cavity of the mouth, the tumour appeared to consist of three branches, involving the bone in their centre; the first, or outer, formed the prominence which was visible externally; the second, ascending between the upper jaw and cheek, and distorting the countenance, reached as high as the margin of the orbit; the third, filling up the sublingual cavity, elevated the tongue, and pushed it to the opposite side: this portion likewise extended so far backwards as to press on the anterior arch of the palate. The teeth were observed on the surface of the tumour, sunk into its substance, and perfectly moveable. The entire portion of the jaw, included between its angle on the left side, and the last incisor tooth on the right, was more or less affected.

"The situation and extent of the disease will explain the nature of her sufferings. She complained of difficulty of respiration and deglutition, articulated indistinctly, and was unable to take nourishment, except in a liquid state. A continued discharge of saliva, mixed with bloody sanies, streamed over that portion of the tumour which protruded from her lips. Her general health, however, might be considered good;—she had not yet suffered much constitutional disturbance, and preserved a tolerable appetite. Under these circumstances, the rapid increase of the disease threatening soon to put a period to her existence, it was decided, in consultation, to attempt the removal of the diseased portion of bone, as the only measure that afforded a prospect of saving the patient's life.

"On Friday, July 7th, I proceeded to the operation, in presence of the surgeons of the hospital, Messrs. Crampton, Peile, Colles, and Wilmot.—The patient was seated on a chair, her head support-

ed, and inclined to the left side: this position being deemed preferable to the recumbent posture, as best calculated to favour the escape of the blood, and prevent its accumulation in the fauces.

" Standing before the patient, I commenced by making an incision from the commissure of the lips, on the right side, which passing obliquely downwards, and dividing the parts completely through, terminated about half an inch below the base of the jaw; the bone being thus laid bare, was divided by a small handsaw through the alveolar process of the right canine tooth, which had been previously extracted. The next incision extended from the lobe of the ear, in the direction of the ramus, to the angle of the jaw; and both were connected by a third, carried parallel to the base. Dissecting up the flap thus formed, I divided the masseter muscle, which was expanded over the arterior surface of the tumour; and denuded the bone midway between its angle and condyle. A needle, to which the chain saw had been connected, was passed behind the ramus, the point being kept close to the bone; the saw moved with so much ease and freedom, that the patient did not appear sensible of the division of the nerve. I then pressed the tumour downwards, to put the soft parts (attached to the bone internally) on the stretch; and concluded the operation, by cutting across the muscles connected with the base of the jaw, exactly at their point of insertion.

" The hæmorrhage was inconsiderable; the dental, and some branches of the facial artery, were secured by ligatures; dossils of lint were placed in the cavity, to give support to the cheek; and the divided parts brought into apposition, and retained by points of interrupted suture. A light dressing was applied, and the entire supported by a bandage and compress.

" The operation was tedious, yet the patient appeared so little exhausted by its duration, or the loss of blood, that she was able immediately after to walk to her bed. She swallowed drink in small quantities, which was conveyed to the base of the tongue by means of a gum-elastic tube, attached to the spout of a teapot." 8.

Her recovery was rapid—complete union of the divided soft parts followed—and, on the 12th day from the operation, she was able to walk about the wards. Scarcely any deformity was ultimately observable. In six weeks she returned to the country in good health.

Case 2. A strong healthy boy, aged 12, was admitted Sept. 4, 1824. Seven weeks previously, he observed a small tumour springing up between the first and second molar teeth of the lower jaw, unattended by pain. The rapid increase of the tumour loosened the adjacent teeth, and caused them to drop out. The motions of the tongue were next impeded.

" On examining the mouth internally, I found the disease had engaged the bone from its angle to the canine tooth of the same side;

the chief portion of the tumour elevating itself from the alveolar processes, inclined inwards as far as the median line: its structure was rather of a firm consistence, but capable of yielding to the pressure of the finger.

"The removal of the diseased portion of the bone having been decided upon, I proceeded to the operation on the 15th of the month. I commenced by an incision through the cheek opposite the first incisor tooth of the affected side, and divided the bone with the chain saw. The second incision was carried from the symphysis beneath the base of the jaw, to the angle. The division of the soft parts in this direction was attended with the inconvenience of wounding the facial artery, just as it turns over the jaw; its retraction under the protection of the bone subjected the patient to a greater loss of blood than could have been safely borne, had he been of a very delicate habit. The succeeding steps of the operation were conducted as in the former case, the bone being sawn through at the same points above the angle." 11.

This boy recovered without the occurrence of a single bad symptom, enjoying the power of mastication with the remainder of the jaw.

The third case is not important, and we shall pass it over.

AMPUTATION AT THE ARTICULATION.

We were rather surprised to find Mr. Cusack silent on any operation of this kind as appearing in our Journals. If he will turn to the first volume of this series, page 213, he will find Professor Lallemand's case, where the *whole* of the lower jaw was removed. In the fifth volume of the same journal, page 532, will be found an amputation of the maxilla inferior, by Dr. M'Clelland, where the whole of the bone was also removed, with the exception of one of the condyles. The Montpellier Professor performed this terrible operation long before Mr. Cusack, and the account of it in this Journal, was published *one year* before Mr. C. operated. But this is of little consequence.

Case 4. James Heron, aged 30, of good constitution, was received into the hospital on the 6th May, 1825. After the removal of a tooth, some months previously, a tumour sprang from the vacant space, the progress of which was slow, but ultimately extended beyond the zygoma superiorly, and occupied one half the sublingual space internally. The bone was enlarged, and the teeth loosened as far as the first incisor tooth on that side. Deglutition and articulation were much impeded, but he was free from any other distressing symptom, except a pain occasionally felt in the centre of the bone, shooting towards the ear. It was evident that the angle and the ascending branch of the bone were the parts principally engaged, and that the extent

of the disease would probably require the removal of the bone at the articulation.

" On Friday, May 13, the patient being seated on a high chair, in the position already described, I commenced the operation by an incision, extending from the commissure of the lips of the affected side to the base of the bone, which was divided at the second incisor tooth: another incision, beginning at the zygoma, was carried down over the articulation, and in front of the ramus, terminating at the angle. The third, connecting the two former, passed obliquely upwards and outwards, from the termination of the first. I then dissected the cheek from the anterior surface of the tumour, which was obscured by the expansion of the masseter muscle. This being divided, the extent of the disease could be more readily ascertained. A portion of the tumor, ascending under the zygoma, completely filled up the space beneath the arch; and, from its size and position, retained the processes immoveably fixed, preventing the operator from using the jaw as a lever in the dislocation of the condyle. Under these circumstances, I decided on cutting across the ramus above the angle.

" Having accomplished this object, I removed the section of bone included between the two divisions, with the corresponding part of the tumour. As the room thus obtained enabled me to ascertain that the coronoid process was partly absorbed, and distinctly separated from the condyle, I directed my attention exclusively to the articulation.

" Mr. Colles, seizing the extremity of the ramus in a strong pair of forceps, pressed the condyle against the anterior part of the capsular ligament: by this means, the joint was penetrated with more safety and facility. I next enlarged the opening with a blunt-pointed bistoury, sufficiently to allow the protrusion of the head of the bone, and the separation of its remaining connexions with the capsule, as well as the division of the attachment of the external pterygoid muscle. The operation was concluded by the removal of that portion of the tumour which was seated beneath the zygoma." 16.

No vessel except the facial artery required the ligature—the subsequent inflammation was trifling—the external wound healed by the first intention.

Case 5. This was a very formidable one. The patient was a pale and delicate female, 24 years of age, admitted 27th of May, 1825. She had had a tooth extracted nearly five years before, and this was succeeded by a tumour in the situation of the extracted tooth. The progress of the disease was, at first, slow; but afterwards, in the course of a year, it became visible externally. Its advancement was marked by frequent paroxysms of acute pain. In the course of the second year, the bone snapped across, about the situation of the canine tooth, in the attempt to chew a hard crust, attended with excessive pain.

The fractured extremities appear to have united, but this part became involved in the disease. During the year previous to admission, the patient was much incommoded in her deglutition, respiration, and articulation. Her health was greatly impaired—the uterine secretion suspended—appetite lost—emaciation advancing—hæmatemesis.

"On examination, I found that the tumour had engaged the entire extent of the jaw, from the articulation on the right side to the dens cuspidatus on the left; the principal bulk of the swelling extended itself laterally, inclining outwards and downwards, and distending the soft parts so much that they appeared on the point of giving way: inwards, it occupied the entire sublingual space, passing the median line, and touching the ramus on the opposite side, by which portion the tongue was elevated, and its tip brought into contact with the *velum palati*. The disease had extended to the articulation, and the coronoid process was so much expanded as completely to prevent any motion of the affected side; while the mouth, which was kept permanently open, gave passage to a continued stream of saliva. This tumour evidently differed in structure from those I had previously met with; it was more dense, the surface being smooth and yielding to the impression of the finger; but its parietes possessed so much elasticity as immediately to resume the same uniformity of aspect, upon withdrawing the pressure. The incisor teeth still remained, and in consequence of their looseness, occasioned much distress.—The general health, as I have before observed, had suffered considerably; but little nourishment could be taken, and that with much difficulty." 20.

This was, of course, a most formidable case;—the constitution broken—tumour extensive—integuments so stretched as to leave ground for apprehension that they would be unable to preserve their vitality after an operation. Nevertheless, this dernier resource was determined upon.

"On Friday, June 3d, she submitted to the operation; the preliminary arrangements for which were made in the manner before described. The mental portion of the bone was divided by the chain saw, at the situation of the first molar tooth of the left side. This step of the operation was rendered tedious by the restlessness of the patient; she depressed her head towards the sternum, and offered much resistance to the use of the saw. The transverse incision through the cheek was inclined upwards, in the direction already noticed. A third was made over the articulation, and continued downwards, to unite with the second. The division of the soft parts had been hitherto attended with a profuse hemorrhage, much exceeding what had been contemplated. The vessels, however, contracted speedily on being divided, yet the total quantity of blood lost was considerable. After the separation of the cheek, and the complete exposure of the anterior surface of the tumour, the bone was found so immoveably fixed from the expansion of the

processes, that I could not venture farther in the dissection without danger of wounding the vessels beneath the base of the jaw. In this dilemma, I divided the tumour about an inch below the articulation, and quickly separated the portion included between the two sections: ample opportunity was thus afforded for clearly ascertaining the nature of the difficulties I had still to encounter. So completely had the coronoid process filled up the infra zygomatic space, that the detachment of the insertion of the temporal muscle proved both difficult and tedious: after it had been separated, I proceeded to the removal of the condyle. Having fairly exposed the anterior surface of the articulation, I perforated the capsular ligament, and finally completed a tedious and disgusting operation, during which the patient had fainted several times, and rejected the contents of her stomach. The integuments having been replaced, and the wound dressed in the usual manner, she was removed to her ward and placed in bed; when she exhibited but feeble signs of animation, and remained in the same state of exhaustion for several hours. Her countenance was pale skin cold, and pulse scarcely perceptible. Reaction took place but slowly;—in twenty-four hours after the operation the lip and cheek were still cold; yet, from this period, little trouble was experienced; a mild inflammatory action succeeded, and in six weeks she was restored to her friends, fat and healthy." 22.

Case 6. This was also a very bad case. The patient was 35 years of age, when he entered the hospital in January, 1825. In 1821, he had two teeth extracted from the lower jaw, on account of pain in the bone. That pain ceased for three months after extraction of the teeth. In 1822, a blow was received on the jaw, and the pain returned, accompanied by a very free hæmorrhage. A small tumour now arose from the place formerly occupied by the teeth. The growth of this swelling was rapid, and attended with severe pain in the bone. No remedy afforded any relief—the swelling continued to increase, and soon impeded deglutition, respiration, and speech.

"At the time of admission, the tumour had engaged the right side of the jaw; the cheek being distended to such a degree by its protrusion externally, as almost to present the appearance of a second head. The integuments had suffered much from distension, and were traversed by numerous small veins, which ramified over the cheek: internally, the tumour filled up the mouth, and displaced the tongue; passing backwards, it rested on the anterior surface of the palate; and advancing forwards, protruded from between the lips, and forced the jaws to remain permanently separated." 24.

He had become greatly emaciated—had a sensation of constriction about the præcordia—and incessant cough, when he attempted the recumbent posture. The condition of the patient forbade an operation, but he was kept in the hospital with the hope that his constitution might improve under proper treat-

ment. In three months, the integuments over the most projecting part of the tumour sloughed to the extent of a crown-piece, leaving an opening which continued gradually to enlarge, and through which a mass of soft florid granulations protruded, and, after a time, sloughed away also, to be succeeded by a new series of the same, their structure highly vascular, irritable, and hæmorrhagic. His health remained stationary through the summer; but the local disease advanced along the bone. In the month of September, a decided amelioration of the general health took place, contrary to expectation. His flesh increased —his appetite improved—the sense of constriction about the præcordia disappeared—and, in this favourable condition, an operation was decided on.

"The position of the patient, and all the preliminary arrangements, being disposed exactly as in the preceding cases, I commenced the operation by an incision, which connected the commissure of the lips of the affected side to the nearest point of the newly formed opening in the cheek. A second incision descended along the inner border of the opening. A third was prolonged in the direction of the symphysis towards the left side, as far as the second molar tooth, which had been previously extracted. I next dissected off the flap thus marked out. The instant the separation of the under lip was completed, a large mass of the tumour, which had been supported and retained by this barrier, burst forth, presenting a congeries of fungous or granular masses, which separated into distinct portions: the sight was so appalling and unexpected, that many present were alarmed for the result. It was, however, too late to recede: I directly applied the chain saw through the alveolar process, from which the tooth had been removed. I next circumscribed the chasm in the cheek, by two incisions, which were extended outwards, and united over the external side of the tumour; another incision being made in the direction of the condyloid cavity, and prolonged downwards to the point of union.

"I then proceeded to expose the anterior surface of the tumour, when, upon minute examination, it was found that no trace of the right side of the jaw bone existed, the whole having degenerated into a softened structure, separated into distinct portions by deep fissures. To insulate the entire disease at once was impossible; I, therefore, removed the mental portion in the first instance; and by a litle care, was able to accomplish the separation of the entire mass, although broken up into several pieces: in this part of the operation, the cutting edge of the knife was used as little as possible. The salivary glands were completely laid bare, being exposed to view with all the vessels and nerves which lie under the angle and base of the jaw.

"These different parts, with the surrounding structures, were ascertained to be perfectly healthy. The diseased mass rested in a bed of cellular substance, which greatly facilitated its removal. It was a curious fact, that no trace of either of the processes could be

observed: indeed, so perfect was the disorganization, that only about one inch of the *bone* was obliged to be removed. The quantity of blood lost during the operation was not very considerable, the few vessels that required a ligature being readily secured. The chasm which remained was filled up with lint; the edges of the wound approximated, and retained by points of interrupted suture. After having been placed in bed, the patient was somewhat feeble, and continued weak for several hours; but was, in a short time, restored by the use of some simple cordials." 29.

After this formidable and bold operation, the man's health rapidly improved—he was soon able to leave his bed—the wounds quickly healed—and he continues to enjoy good health.

The seventh case we have not space to describe. The whole of the lower jaw bone was removed, and the patient was doing well till the sixth day, when erysipelas supervened, and she died on the tenth day from the operation.

The paper concludes with some general directions for conducting this operation, for which we must refer to the volume. Mr. Cusack has done great honour to British surgery by these daring and successful operations, and his character must always stand high in the first rank of modern surgeons.

Art. II.

Report of an Inquiry into the Value of Mediate Auscultation, as a Method of Diagnosis in Inflammations of the Pleura, Lungs, and Bronchia. By William Stack, M. D. Physician to Sir P. Dun's Hospital.

Auscultation is making rapid advances in the Sister Kingdom—and the value of it, as a means of diagnosis, is not now attempted to be questioned, except in holes and corners, by old drivellers who have gone past the period of learning any thing, or by lazy routinists who will not take the trouble of increasing their knowledge, which, indeed, they think is quite unnecessary. The author of the above extended paper is not, however, inclined to assert that, by means of auscultation and percussion, we can always distinguish between inflammation of the mucous, serous, and parenchymatic structures of the throracic viscera, in acute inflammation of these parts, and in an early stage, but the case is very different when the disease has been somewhat protracted. Thus a patient presents himself with dyspnœa which has lasted for several days, having been preceded by pain in some part of the chest. On percussion one side returns a dull sound, but does not appear either dilated or contracted. On examination with the stethoscope, the respiratory murmur is absent all over that side of the chest, with the exception, perhaps, of those parts where the root of

the lungs is situated, and a few inches down the spine. There is neither bronchophony (except in the superior parts) nor ægophony. What is to be the diagnosis? Is the disease pneumonia or pleuritis?

"I say it is impossible to determine, even supposing the minor signs to be present, such, for example, as the communication of the heart's action over the affected side, which some will have to be a sign of the advanced stage of pneumonia, but which may also depend on other causes, such as dilatation with hypertrophia of the heart. The disease may be either acute pneumonia or acute pleuritis, or it may be chronic pneumonia or chronic pleuritis.

"It is true that the nature of the sputa may afford us assistance in this case, but it must always be remembered that the appearance of the expectoration is more variable in chronic than in acute inflammations; and that both in chronic pneumonia, and chronic pleuritis, it very frequently assumes the form of the expectoration of catarrh." 93.

The following case is adduced in illustration. We shall considerably abridge the narrative.

A man was admitted into hospital on the 26th May, who had been seized 14 days previously with sense of oppession and tightness in the left side of the thorax. He had slight pain in the left side, but not, at that time, so as to impede inspiration, or prevent lying on either side with ease. Latterly he could rest on the left side better than on the right. He was bled at the commencement, and had little or no expectoration —but at present it is abundant and catarrhal.

"Exploration of the chest gave the following result: no dilatation or contraction of the affected side; dull sound on percussion over the entire of that side; no respiratory sound whatever on the anterior part, except just at the junction of the clavicle with the sternum when there was bronchial respiration; no ægophony, no bronchophony. On the posterior part there was an indistinct respiratory murmur down the spine to the eighth rib. The alteration of the position of the patient produced no change in the results obtained. On the 17th, the respiratory murmur was faintly audible on the anterior of the thorax, on a level with and below the apex of the heart; no ægophony; the sound on percussion less dull than at the superior parts. On the 20th, the auscultatory signs were the same as on the 17th, but the expectoration had been presenting various appearances since his admission; sometimes it was liquid, transparent, ropy, and covered with a frothy surface; sometimes more dense, opaque, and inclining to a greenish cast; occasionally (as on this day) approximating to the rusty colour of pneumonic sputa. 21st, Bronchophonia in several places down the spine, along the clavicle and spine of scapula, and those places where it is generally audible in health. The sound, however, not so remarkable as at the healthy side; he now lies on either side, or on his back, with perfect ease.

In a few days he left the house, having no complaint and the respiratory murmur becoming daily more distinct." 94.

This case was treated as one of pleuritis, effusion being supposed to have taken place before he entered the hospital. But the auscultic signs were equally indicative of pneumonia or pleuritis. One of them, indeed, (the return of the respiratory sound at the *inferior part,)* seemed rather to point to pneumonia than pleuritis. Dr. S. has not taken into the account the possibility of the disease being bronchitis, because it very rarely happens, though not always, that in this disease the chest returns a dull sound on percussion. An interesting exception to this general rule is related at page 96 of the volume. The bronchial inflammation had been very acute and rapid, producing a state approximating to asphyxia, while the effusion of fluids into the various branches of the bronchia and air-cells rendered the lungs so dense as to communicate the shock of the heart's action to all parts of the chest, as in hepatization, depriving the lung, at the same time, of all respiratory murmur, or sonorous percussion. On dissection, no inflammation whatever was found in the substance of the lungs, but the air-passages were charged with viscid fluid. Of all diagnostic signs in inflammatory affections of the thoracic viscera, Dr. S. depends most on the *colour of the countenance.*

"Each of the three inflammations, I speak of the acute forms, pleuritis, pneumonia, and bronchitis, possesses, when the disease is at all severe, the characteristic of a peculiar colour of the countenance. In pleuritis it is either of a flushed and florid, or of a natural hue. In humid* bronchitis it is of a colour more or less approaching to a blue, according to the severity and extent of the inflammation. In pleuritis the lips are of a florid red; in humid bronchitis they are of a blue colour; the flush of pneumonia is altogether different from either; it is, as it were, made up by an intermixture of the two shades, but quite distinct from each; it is also less remarkable in particular isolated parts than the colour arising from humid bronchitis and pleuritis; in both these the cheeks are often flushed in a circumscribed manner, the lips are always remarkably coloured; but in pneumonia the lips and cheeks are scarcely more suffused than the adjacent parts, and the flush, though sometimes circumscribed, appears more generally diffused. It seems to me not very difficult to account for this variety of colour in these different diseases; in acute bronchitis, especially where it prevails epidemically, the affection is commonly of a generally diffused nature, and extends over a considerable portion of the lungs (at least in this country, although

* "I use the term humid for the purpose of showing that these observations apply to that form of bronchitis, (which is by far the most frequent,) in which an increased secretion takes place from the mucous membrane."

from the clinical records in other places the contrary seems to be the case;) the nature of the morbid change is such as to afford a very considerable obstruction to the transformation of the venous into arterial blood; the consequence is, that blood very little differing from venous is circulating in the arterial system; this easily accounts for the bluish cast of the countenance. In pneumonia the affection is not, in general so universal, and in but comparatively few instances does it happen that both lungs are engaged; in either case the progress of the complaint is not so rapid as to afford an instantaneous impediment in the affected part to the act of hematosis; but the blood which circulated in the pulmonary artery and veins through the affected part is, up to a certain stage of the disease, partially converted into arterial blood; this is poured into the left side of the heart, and there mingled with the perfectly formed arterial blood coming from the sound portion of the lungs, producing but a slight variation from the colour of true arterial blood. It is obvious, therefore, that except in cases of a violent nature, or where the inflammation occupies a considerable extent of lung, the alteration which the colour of the countenance undergoes must be but slight, and that this alteration is such as would arise from the circulation of blood not bluish, as in the case of bronchitis, but rather of a dull red, or brick colour. In pleuritis, while the disease occupies one side only, scarcely any obstruction is offered to the transformation of venous into arterial blood; for the pulmonary tissue and mucous membrane being unaffected, the process of hematosis will be perfected in all the parts of the lungs which are permeable by the air. If indeed the affection be general over one side, or if the inflammation be so violent that a copious effusion is suddenly produced, then it may happen that the lung will be compressed or folded on itself towards the root, and remain nearly inoperative in that process; but still all the blood which *is* transmitted through this lung will be properly transformed, and so no blood can pass to the left side of the heart but such as possesses the genuine florid colour of arterial blood. If therefore there were no accompanying fever, the countenance would remain, as far as colour is concerned, in a perfectly natural state; but inasmuch as there generally is a considerable degree of concomitant fever, and that too of the angiotenic form, (that is, where the circulating system is chiefly engaged,) it is evident that the capillary system must be injected with a florid blood, and so produce that floridness of countenance which is peculiarly remarkable in cases of violent pleuritis. If both sides are simultaneously affected, a case which rarely occurs, then the obstacle opposed by the pleuritic effusion to the dilatation of both lungs causes a very material obstruction to the transformation of the venous into arterial blood, and blood will pass to the left side of the heart, notwithstanding the compressed state of the lungs, which has not been completely submitted to the action of the atmosphere; the countenance therefore will assume an appearance more or less similar to that of pneumonia or bronchitis, according to the severity of the complaint. What I have now said applies to these affections only when in an uncomplicated form; when they are complicated with each other the flush peculiar to each is of

course modified by that attendant on the superadded affection; for example, in pleuro-pneumonia, (that is, where inflammation of the parenchyma of the lungs is complicated with pleuritis,) we may expect to find the dusky lurid red of pneumonia assuming the place of the florid cast of pleuritis, because a moderate degree of inflammation of the lung will produce a greater deviation from the natural colour of the countenance, than the same degree of inflammation of the pleura." 101.

The above passage contains interesting observations. In the succeeding pages, Dr. S. enters into a rather too minute inquiry respecting the priority of inflammation in one or other of the tissues above-mentioned. We cannot follow him in this investigation, but refer those who are curious on this subject to the volume itself.

Art. III.

Cases of Excision of Carious Joints. By Philip Crampton, F. R. S. Surgeon-General in Ireland, &c.

The surgical reader is aware that Mr. Park, of Liverpool, long ago extirpated the whole of the knee-joint, in a case of what is called white swelling, removing somewhat, though not much more than two inches of the femur; and of the tibia rather more than an inch. The patient lived to make several voyages to sea afterwards, and was able to go aloft with agility. A few years after the publication of Mr. Park's case, Moreau the younger published "Cases of Excision of Carious Joints," which were violently opposed by the surgeons of that day in France. Since that period, the operation seems to have attracted but little notice, and we are not aware that any cases have been made public, where the operation was repeated, before the present paper. We shall, therefore, proceed at once to an analysis of these cases, three in number.

Case 1. A. Gordon, of the 90th Regt. aged 23, was admitted into the Royal Infirmary on the 2d Jan. 1823. The scrofulous aspect in this patient was most decided and unequivocal, and well-marked white swelling of the right elbow-joint, of ten months' standing. The swelling extended full a hand's breadth above and below the joint—suppuration had taken place over the inner condyle of the humerus, and the opening had degenerated into a large and irregular ulcer, at the bottom of which the bone could be felt carious. The general health was much impaired—pulse 120, and feeble—nocturnal perspirations—in short, hectic fever was established. Consent was obtained for excision of the joint, which was performed on the

4th February, in the presence of numerous surgeons, civil and military.

"The patient was placed (as recommended by M. Moreau) upon his belly on a table covered with a mattress, and pillows so arranged, as to make his posture as little inconvenient as possible; the diseased arm hung over the edge of the table, presenting its posterior and inner surface to the operator; the brachial artery being compressed by an assistant, an incision was now made along the spine of the inner condyle, commencing about four inches above, and terminating about two inches below, its tuberosity. This incision passed through the centre of the ulceration, and laid bare the ulnar nerve, which was carefully raised from its groove, and drawn to the inner side of the incision.* A similar incision, parallel to the first, was made on the outer side of the humerus, and then a transverse section, which cut through the tendon of the triceps muscle, immediately above its insertion into the olecranon, connected the two longitudinal incisions, so that the wound represented pretty accurately the letter H; the lateral incisions, however, being slightly incurvated, so as to follow the bend which the fore-arm made with the arm. The upper flap, consisting of the lower extremity of the triceps muscle, the thickened and diseased cellular substance, and integuments, was raised from the flat surface of the humerus, to which it had a very slight attachment; the lower flap was separated in the same manner, so as to lay bare the upper extremity of the ulna and radius; the scalpel laid on its flat was now pushed between the flexor muscles and the bone on its anterior surface, at the distance of three inches above the tuberosity of the inner condyle, and retained in this situation by an assistant. The saw was then applied, and the bone was divided immediately over the flat surface of the knife, which served as a protection to the muscles beneath. The separated portion of the humerus was now raised with the utmost ease by the finger and thumb of the left hand, while the capsular and lateral ligaments, degenerated to the state of a lax cellular substance, were separated by running the knife round the condyles, keeping the edge as closely as possible to the bone. The lower extremity of the humerus being removed, the articulating surfaces of the radius and ulna were completely exposed; but, with the exception of the cartilage which covers the olecranon, (which was partially eroded,) every thing appeared sound. The olecranon was now removed, and the wound was spunged out; as there was no bleeding which rendered it necessary to have recourse to a ligature, the flaps were laid down, and secured to each other by four points of suture. The fore-arm was placed at a right angle with the arm; the wound was covered with pledgets of lint, wetted with spirits and water, and the man was laid in bed, with the arm supported on a suitable pillow." 194.

* "From neglecting this precaution in M. Moreau's case, the ulnar nerve was cut across, and the ring and little finger were deprived of the powers of motion."

Suppuration, attended with mild symptomatic fever, was established on the fourth day—by the ninth day he was able to sit up in his chair—and a few months at the sea-side produced a complete recovery. He was examined, on the 18th September, by a Board of General Officers, when the following was found to be the state of the case.

"At this time, the wound, with the exception of a small superficial ulceration about the place which had been occupied by the inner condyle, was completely closed; the arm, when allowed to hang by the side, retained nearly a semi-flexed position, but by a voluntary effort he was able to give a slight degree of flexion to the fore-arm, so as to lessen the angle which it formed with the arm. He had the use of the fingers, so as to be able to use his knife and spoon; and on the 27th Nov. 1823, *he signed his own discharge with the right hand.*" 195.

The success of the above operation induced Mr. Crampton to undertake a second on the 7th of May, 1823, of which we shall here give some account.

Case 2. Susan Conolly, aged 23 years, of a strumous habit, and emaciated appearance, presented herself with the right knee considerably enlarged, of an irregular shape, projecting over the tibia, on the inner side, and measuring three inches and a half more than the sound knee. Severe pain is caused by the least pressure or motion, and there is a free discharge of thin, greenish-coloured matter from an ulceration under the inner hamstring. The joint was permanently contracted to a very acute angle with the thigh—febrile symptoms, with diarrhœa. The disease had commenced twelve months previously—the contraction of the joint, severe pain, and alteration in the health, were of only six months' standing. She has had regular attacks of hectic fever, with profuse perspiration and diarrhœa, for six weeks past. The operation was performed in the following manner.

"An incision, commencing about three inches above the outer condyle, and a little below the axis of the femur, was continued to about an inch below the head of the fibula. The acute angle, which the leg formed with the thigh, necessarily gave to this incision the form of a crescent. In making the incision the knife was carried down to the bone; a similar incision was made on the inner side of the joint. The lateral incisions were united by a transverse cut carried below the patella. The flap, thus formed, was raised by a rapid dissection, and the cavity of the joint was completely exposed: for the extent of more than three inches above the condyles the femur was without periosteum, the purulent matter lying in contact with the naked bone. At the point where the periosteum appeared

to be united with the bone, the saw was applied, and the bone was divided, the soft parts being protected by a spatula which was passed between the muscles and the bone. The separated portion of the femur was now dissected out, and so slight were its connexions with the soft parts, that this part of the operation, which I expected would have been attended with some difficulty, was effected with the greatest ease. The articulating surface of the tibia was now fully exposed; it was totally deprived of cartilage, and was in a state of caries. By means of a strong and short knife, such as is used by shoemakers, I was enabled to pare away about half an inch of the head of the tibia, the cancelli of which were loaded with a lardaceous matter, and with pus.

"The cavity of this great wound was now sponged out, when, upon minutely examining the cut surface of the Femur, I found that the cancelli were diseased and filled with pus, and posteriorly the periosteum was detached from the bone. I therefore sawed off about an inch and a quarter more of the femur. On placing the extremities of the femur and tibia in contact, the flap, containing the patella, was found to be about three inches too long, and as the patella itself was totally deprived of its cartilage, and in a state of caries; the exceeding portion of the flap, including the patella, was removed by a transverse incision. No artery was divided which required the application of a ligature. The flap was retained in its position by two points of the interrupted suture, and compresses, wetted in spirits and water, were laid over the wound. The limb was now placed in position in one of Asselini's "carrying splints," which had previously been carefully adapted to the size and length of the limb, it extended from above the trochanter major on the outside, and from the ramus of the pubes on the inside, to about four inches below the foot, it was supplied with a sole piece, which supported the foot, and was carefully padded with a mixture of baked hair, and wool." 199.

The poor woman bore the operation with great fortitude, and Mr. C. thinks it probable that the pain was not greater than in a common amputation. The operation was succeeded by very little constitutional disturbance, and, curious to relate, this great wound united by the first intention, and was healed in less than three weeks. She continued to mend in health until the September following, when she was seized with erysipelas of the leg and thigh. The erysipelas was succeeded by abscess, which burst through the old sinus in the ham, and continued to discharge for three or four weeks, and then healed. In the month of November, she was able to go about the hospital, the limb being supported by a splint, constructed so as to throw the weight of the body on the tuberosity of the ischium. She was discharged on the 27th June, 1824, in very good health; but no union had taken place between the femur and tibia. She died three years and two months after the operation, of disease of the lungs.

Although this operation completely failed, as far as the use of the limb was concerned, yet it proved that so large an articulation as the knee-joint might be excised with safety, and gave strong grounds to hope that, under more favourable circumstances, the operation might be attended with success. Indeed, it is evident that excision was not applicable in this case; for the posterior part of the femur, above the condyles, was in a state of necrosis, being deprived of periosteum, and as thin as card-paper. The disease had proceeded too far; and could the whole of the diseased bone have been removed, and union taken place, the limb would have been too short to be of any use.

Case 3. Ann Lynch, aged 23, a strong and healthy-looking country girl, was admitted on the 3d of May, 1823. About four years previously, she was seized with severe pain in the right arm, which shifted to, and settled in the right knee. The pain continued more or less severe, and principally confined to the inner condyle, increased by pressure or motion. The joint became perfectly stiff, and a good deal contracted—the swelling gradually increased, until it attained a large globular form, elastic to the touch, of a dusky red colour on the inner side, and intersected by numerous large blue veins. The pains were excruciating, especially at night, and latterly symptoms of approaching hectic manifested themselves. The treatment, both local and general, employed at the hospital, contributed much to the amelioration of her general health, and as she was anxious to undergo the same operation as the last patient underwent, it was performed on the 4th of August. But, although she manifested great courage and resolution previously, yet, from the moment the knife was applied, she lost all fortitude, patience, and, it might be said, reason itself. The most terrible difficulties were experienced by the operator, and four men were unable to hold her in any degree quiet on the operating-table! With all these disadvantages, the joint was excised, as in the case of the preceding patient. The patella, which was found to be carious, was removed with the lower portion of the flap; but the articulating cartilage of the tibia appearing sound, the greater part of it was pared away, and the semilunar cartilages were removed. The treatment was conducted on the same principles as in Conolly's case, but great difficulty was experienced in securing proper position, on account of the patient's restless disposition. The extremity of the femur was often protruded through the wound. The general health was but little affected by this formidable operation—a small exfoliation took place from the femur—and, in two months, she was removed from her bed to a chair. In about four weeks after

the exfoliation of the femur, the wound was completely healed, and the limb had acquired a considerable degree of firmness. In six months, the femur and tibia were consolidated by a firm, bony union—she first went on crutches—and afterwards was able to walk several miles in the day—in fact, to use her own words, "she was able to stand or walk the length of the day."

We have not space to give any account of the observations and reflections which these operations have given rise to in the mind of Mr. Crampton. For these we must refer to the volume itself. The intrepidity, judgment, and dexterity of Mr. Crampton are well known, and these operations do not tend to diminish their lustre.

ART. IV.

Second Communication relative to the Fatal Consequences which result from slight Wounds received in Dissection. By A. COLLES, M.D.

Of Mr. Colles's first communication on this melancholy and interesting subject, we gave an ample account in a former number of this Journal. We shall now proceed, at once, to the present paper.

Case. On Tuesday, 18th of May, Mr. Shekelton examined the body of a man who had died of peritoneal inflammation consequent on lithotomy. The examination took place in a few hours after death, the body still retaining its heat. Mr. S. pricked his finger, which called forth the usual expression of pain, but it was not further attended to, the dissector continuing to immerse his hands in the contents of the pelvis for a considerable time. *Wednesday*, 19*th*. He felt unwell. 20*th*. Gave a demonstration, and immediately afterwards went home very ill, but did not apply to his medical friends. *Friday*, 21*st*. Mr. Cusack accidentally saw him, and found some of the left axillary glands swelled, from which he augured no good. 22*d*. Mr. C. again saw Mr. S. and found the patient's condition improved. 23*d*. Mr. Colles saw the patient, who observed emphatically that he had spent a wretched night:—yet the febrile symptoms were not severe—pulse 84—skin hot—indescribable anxiety and distress—feeling of fulness in the stomach—glands in the axilla slightly enlarged, and tender to the touch—no swelling or redness along the arm—pain along the course of the ulnar nerve, and down the left side of the thorax—no appearance of inflammation in the ring-finger which had been wounded—indeed there was scarcely any trace of wound. By the patient's own desire, a few leeches were applied to the axil-

lary gland—he took an emetic, which operated well, but made no impression on the symptoms. 24th. Uneasiness in the stomach and bowels—tongue coated—complexion assuming a yellow tinge—features rather sharp—no uneasiness in the course of the lymphatics of the arm—cessation of pain and swelling in the glands—hope indulged that the case would only turn out to be one of common fever. 25th. Constitutional distress increased, and the real nature of the disease too obvious. A full opiate at night. In the evening a red spot, the size of a shilling, appeared on the right patella, attended, for two hours, by the most severe torture in the knee, referred to the cavity of the joint. 26th. Two doses of laudanum last night produced profuse general perspiration, but no alleviation of the symptoms. He declared he had passed a most uncomfortable night. In the course of the night, his brother (a physician) observed a large red and swollen patch over the right tibialis anticus. This and the spot on the patella had a solid feel, but were not very tender to the touch. At 2 A. M. this morning (26th) the right arm, from the shoulder to the elbow, was observed to be swelled, though not discoloured. The right thigh was also in the same state. A red patch was seen on the dorsum of the left foot—pain complained of in the left scapula and shoulder—tongue thickly coated—countenance of a deep yellow tinge. 27th. Pain in the left arm, with considerable swelling——universal yellowness of the skin. In the evening extreme weakness. 28th. At five this morning he sent for Mr. Colles, and requested him to make incisions into the left arm. Mr. C. could not refuse to comply with the patient's wishes, though he knew the operation would be unavailing, as the hand was livid and cold—all the extremities cold. Several incisions were made, but nothing except a small quantity of blood issued. He died at nine o'clock that morning. *No dissection.*

In this case, our author observes, we recognise the same train of symptoms as in the cases of Mr. Hutchinson and Mr. Dease, reported in the third volume of the Dublin Hospital Reports.

"The present case tends to strengthen the opinion I then advanced, 'that slight wounds received in dissecting fresh bodies, sometimes give rise to a peculiar disease, perfectly distinct from every other disease consequent on similar wounds.' In addition to the other symptoms there described as being characteristic of this disease, we may mention this striking one, viz. that previously to the disease terminating either in death or in recovery, swelling and inflammation seize upon the portion of the limb interposed between the original wound and the first seat of pain. We see that this took place in Mr. Hutchinson's case at so late a period as three

weeks; the fever, although it had remitted, not having ceased until this inflammation had occurred. In the fatal cases of Mr. Dease and Mr. Shekelton it appeared, in the former on the 9th, in the latter on the 10th day.

"I must entreat the attention of the reader to this fact, that the redness which is seen on the swollen parts is very unlike to that of erysipelas, for the colour is that of a peach-blossom, is of very small extent compared with the extent of the swelling, is seen for a few days, perhaps for a few hours only, on the same spot, and next is observed in some very distant part, possibly in the opposite limb; besides, this peculiar redness vanishing quickly from a part, does not leave any vesication or desquamation after it, as is seen in cases of erysipelas.

"If any proof be wanting to establish an essential difference between this disease and phlegmonoid erysipelas, it will be found in the state of the swollen parts when cut into. For although four incisions were made into different parts of the left arm of Mr. Shekelton, yet no discharge, except a small quantity of blood issued, nor was any change of structure visible except that slight one which has been noticed at the bend of the arm.

"This sudden shifting of the swelling and redness from one to another, and very distant part, is not to be confounded with what we sometimes observe in chronic diseases, viz. an abscess suddenly appearing in a part remote from the original seat of the disease. For in such cases the abscess quickly forms, and with this peculiarity, that we feel the fluctuation of pus although we have scarcely any marks of preceding or accompanying inflammation: the skin is not reddened until the ulcerative process is about to give exit to the fluid. In such cases, although we may have a succession of abscesses, yet we have not any instance of a sudden swelling accompanied by a slight blush of redness, and of its equally sudden disappearance, leaving after it only a slight degree of swelling, without any other symptom or trace of inflammation.

"In short, this peculiar disease, the effect of slight wounds received in dissection, presents much less of inflammation of the wound or its vicinity than occurs in the various other diseases to which slight injuries more frequently give rise. Here it seems to produce mischief by exciting a fever, which in its turn induces a swelling and redness of very peculiar characters, although at length (if the patient chance to survive) it will end in inflammation and suppuration of the wounded limb." 248.

Whatever opinions may be entertained respecting the nature of the disease, there can be but one respecting its fatality under every mode of treatment which has yet been devised. The following suggestion of a man who has had much experience in this direful malady, is deserving of great attention.

"The plan which I would suggest as most likely to succeed, (for as yet it is untried,) is to administer calomel with the view of speed-

ily exciting ptyalism. Many experienced practitioners I know are in the habit of combining this medicine with opium, when their object is to excite ptyalism very quickly. But I should prefer giving it in an uncombined form, and in doses of three grains every three or four hours. When administered in this manner, it seldom fails to produce salivation in thirty-six or forty-eight hours, provided that the two or three first doses affect the bowels. In cases where the bowels are not moved by the first doses of this medicine, it will be necessary, in order to ensure its effects, either to combine the calomel with some purgative, or occasionally to interpose a purgative. When thus administered it will very seldom disappoint our expectations. Mercury administered in other forms of fever has so often succeeded in effecting a cure, that I think we may, with some confidence, anticipate its good effects when administered in the fever consequent on wounds received in the dissection of very fresh human bodies." 249.

Art. V.

A Selection of Cases from the Medical Wards of the Meath Hospital and County of Dublin Infirmary. By R. I. Graves, M.D. and William Stokes, M.D. Physicians to that Institution.

The principal object of this report is to exhibit the histories and dissections (where dissections were made) of cases proving the utility of the stethoscope in the diagnosis and treatment of thoracic diseases. This paper will show that auscultation is much more diligently and successfully cultivated in the wards of the Irish than of the English hospitals. Into the reasons for this difference, we shall not, at present, stop to inquire; but proceed to the cases themselves.

Case 1. J. Connor, aged 33, was admitted into the hospital for dysentery, 13th September. His stools were bloody —he had tenesmus—prolapsus ani. Calomel and opium were given till salivation was established, when some relief was obtained. Small doses of turpentine completed the cure of dysentery; but the lower extremities began to swell early in October, for which colchicum was given with advantage. On the 13th Oct. he was seized with orthopnœa. It was suspected that he might have pneumonia, but the diagnosis was rendered doubtful by the sudden occurrence of the pectoral symptoms after the disappearance of external dropsy in a debilitated constitution. The diagnosis between pneumonia and hydrothorax was a matter of great importance in this case, and "it was

at once afforded by an examination with the stethoscope." It was observed that he lay on the left side. Here the crepitating râle was heard above the left mamma—the respiratory murmur being inaudible beneath, pulse 105. "*Diagnos. inflammation of the lower part of the left lung.*" Bled to xiv. ounces. This was followed by the most beneficial effects. The orthopnœa, cough, and pain of the side disappeared—he slept well—and the pulse fell to 95—respiration tranquil—respiratory murmur audible under the left mamma, but weaker than natural—crepitus has disappeared. He got considerably better, and, on the 28th, was pronounced convalescent; but was suddenly seized again, in the night, with dyspnœa, heaving of the chest, hard frequent cough without expectoration. He could only lie on the left side—pulse full and strong, at 108. *Auscultation respir. murm. indistinct below the left mamma—crepitat. râle under the left scapula.* Bleeding and blistering relieved the above symptoms, and dissipated the crepitus. On the 3d November, he was again attacked by constant hard cough. Percussion over the inferior part of the left lung gives a dull sound, and the crepitus was again heard there. The impulse of the heart was much stronger than natural, and the sound is heard over the whole of the right side. The sound of the right ventricle is much clearer than that of the left, which is dull and prolonged. The auricles give a clear sound. There is no induration of disease of the valves. It was conjectured from these data, that there existed active aneurism of the right ventricle. The respiratory murmur gradually diminished over the anterior part of the lungs; and, from this time, no accurate examination by the stethoscope was made. He sunk with symptoms of effusion in the chest, on the 17th December.

"*Dissection.* Much serum in the cavities of the thorax. The lower lobes of the left lung are hepatized, soft, and of a red colour; the superior lobe is inflamed in the first degree. The lower lobe of the left lung, especially in the point corresponding to the left mamma, is exceedingly solid, and of a very dark grey colour.

Active aneurism of the right ventricle; the left is greatly thickened without alteration of its capacity. No disease of the valves, but there is a considerable thickening of the aorta, forming a semicartilaginous ring immediately above its origin, and causing a diminution of its calibre. The lining membrane of the aorta is much thickened, and apparently tuberculated. This appearance extends for several inches, and is caused by smaller depositions of cartilaginous matter." 73.

Our authors think themselves justified in concluding that this man's life was prolonged by the stethoscope. "He was

attacked with all the symptoms of hydrothorax, but the cylinder showed that his complaint was pneumonia, which would have speedily cut him off, had it not been checked by the lancet." The disease returned four different times in the course of two months, and at length carried off the patient. "Its situation, its intensity, and the effects of remedies upon it, were, in every instance, pointed out by the stethoscope with the utmost accuracy, as was proved by the sectio cadaveris."

Case 2. *Phthisis.* Anne Kelly, aged 27, was admitted early in November, with all the symptoms of phthisis. Her expectoration was copious, consisting of transparent mucus, albuminous looking masses, and puriform striæ. Lies always on the right side. Complaint of five months' standing.

"*Auscultation.*—On the right side, about two inches below the clavicle, the voice appears to issue from the stethoscope, in the most distinct manner; and is perfectly articulate, and the last letter of the concluding word is very distinct. In other words there is true pectoriloquism. At this spot the respiration is distinctly cavernous, giving the idea of air entering a cavity in the pulmonary tissue. At the antero-inferior part of the left lung there is bronchial respiration of the most evident kind; the sound is sharp, and the air appears to be drawn in through the stethoscope. Crepitating râle over the remaining portion of this lung. The sound of the heart is heard in its superior portion." 75.

Diagnosis. A tubercular excavation in the middle lobe of the right lung; solidification of the superior part of the left lung; inflammation in the first degree, in the remaining portion.

On the 9th November the bronchial respiration and crepitus had disappeared. *Diagnosis.* The left lung has become solid. We need not pursue farther the auscultation and diagnoses. She lingered until the 27th of December, when death terminated her sufferings.

"*Dissection.*—The lungs were universally adherent to the cavity of the chest. In the inferior part of the middle lobe, on the right side, we found an excavation with firm parietes, and about the size of a large walnut. The superior lobe was found also excavated in a more irregular manner. The remainder of the lung was studded with tubercles;—the lower lobe had much fewer of them, was still crepitating, but appeared engorged with a frothy and sanguinolent mucus.

The left lung appeared completely solid, but on cutting into its substance, an extensive tuberculous excavation was found capable of containing two oranges. This communicated with many other

smaller ones by winding canals; and in the inferior portion of the lung another excavation of great size was found." 77.

This case, they properly observe, is very interesting, inasmuch as the entire train of pathological phenomena was traced by means of auscultation. Pectoriloquism indicated a cavity above the right mamma—the crepitating râle heard over two-thirds of the left lung, indicated that inflammation was going on—while the bronchial respiration showed that the upper part of the lung had become solid.

Case 3. *Emphysema of the Lung.* Daniel Grogan, aged 40, came into the hospital affected with cough, dyspnœa, general anasarca, and livor of the countenance, with paroxysms of orthopnœa during the night—expectoration free, and like the white of eggs—constantly lies on the left side, which presents nothing remarkable in form; but on the anterior part of the right side there is a remarkable convexity or prominence, extending from the middle of the third to that of the seventh rib. States that he has been subject to asthmatic cough from boyhood—but that, in the preceding September, he became anasarcous of the lower extremities, after which he caught cold, and the present symptoms came on. Pulse 110, small and equal. Chest sounds very hollow on percussion, especially in the situation of the prominence—posteriorly the sound is not so clear. The respiratory murmur is almost inaudible over the anterior part of the thorax. A hissing râle is heard at intervals over the whole thorax, especially when he takes in a deep inspiration—posteriorly it is mixed with the sonorous râle. Sound and impulse of the heart are heard and felt over the whole of the right side—strong pulsation at the ensiform cartilage. The following diagnosis was entered on the books. "*No hydrothorax—emphysema of the lung—bronchitis—hypertrophy of the heart.*"

On the 15th January, all these symptoms were increased. Below the scapula, the sound, on percussion, had become dull, and, on applying the cylinder, a strong crepitating râle was heard. The voice resounded under the stethoscope; but the words were not articulate. *Diag. inflammation of the posterior part of the left lung.* Venesec. ad 3 xij. and to take purgative medicine. By these he was much relieved. On the 18th, the strong impulse felt at the superior part of the right side, corresponding with the ventricular contraction, led them to suspect aneurism of the aorta. There was none of the rustling sound termed "*bruit de soufflet,*" to be heard. He died on the 29th. Before dissection, the following diagnosis was written down.

"Emphysema, particularly of the right lung; bronchitis, entire enlargement of the right side of the heart, *perhaps* of the aorta. *Remains of pneumonia* in the posterior part of the left lung. Hydrothorax may have taken place immediately before death.

"*Dissection.* Upon raising the sternum the lungs did not collapse, but appeared firmly bound down by adhesions so universal, that the cavities of the pleuræ were completely obliterated, thus preventing the possibility of effusion. In both lungs the lobes were united, but this union must have been the consequence of recent inflammation, as the coagulable lymph thrown out was soft, and the interlobular pleura beautifully injected with red vessels. The adhesions between the pulmonary and costal pleuræ, on the contrary, appeared to be the consequence of a former affection, as they were exceedingly strong, and on the antero-superior part of the right lung the membranes were converted into a thick white and cartilaginous substance. The whole of the right lung was in a state of emphysema, all the air cells appearing dilated, and the pleura in many places raised into vesicles the size of a walnut; when cut into, these vesicles were found divided by membranous septa, perpendicular to the surface of the lung. The volume of this lung was double that of the left, its bronchial tubes filled with a muco-purulent fluid, and their lining membrane of a bright red colour. The left lung was much diminished in size, the upper part covered with large vesicles, the lower of a pale colour and flabby consistence, but still presenting the dilated air cells. Upon cutting into this portion of the lung we thought the knife had entered an abscess, as a large quantity of a viscid and yellowish fluid flowed out and displayed a cavity in the pulmonary tissue, capable of containing a moderately sized apple; but on closer examination this cavity proved to be an enormously dilated bronchial tube, as it was lined by a delicate mucous membrane, continuous with that of the bronchial tubes, and beneath which traces of the cartilaginous rings, peculiar to these canals, could be observed. All the bronchial tubes on this side were thus more or less affected, so that the lung appeared to contain many small abscesses. Posteriorly, the pulmonary tissue was of a dark grey colour, and cartilaginous hardness, evidently the product of former inflammation.* In the immediate neighbourhood of the dilated tubes, however, it was solid, but of a red colour and soft consistence, the consequence of more recent inflammation; the heart was more than twice its usual size, the right ventricle greatly enlarged and thickened, the left thickened without alteration of its capacity. Dilatation of the auricles. No disease of the valves. Aorta healthy." 85.

This man had been sent into the hospital for hydrothorax, of which he had most of the usual external symptoms. The stethoscope showed at once that this was not the case. The diminished respiratory murmur, combined with the hollow

* "*L'Induration gris*" of Andral, Clinique Medicale tom. 11.

sound on percussion, proved the emphysema, and showed that no effusion had taken place. We strongly recommend the following observations to the serious attention of our brethren.

" With reference to this and the first case, we may observe, that no practical error is of more frequent occurrence than the attributing to hydrothorax, symptoms which depend upon pneumonia. This error occurs repeatedly in Maclean on Hydrothorax, many of the cases he relates in the appendix being evidently cases of pneumonia. Thus in case 35, (Appendix,) we find the most unequivocal symptoms of frequently recurring attacks of pneumonia during life, and the post mortem examination exposes hepatization of the lungs of various degrees, and great extent, evidently the consequence of repeated pneumonia; notwithstanding which the case is related as affording an instructive example of hydrothorax! And why? Because, forsooth, the left cavity of the thorax contained more than a pint and a quarter of a yellowish fluid. This is in truth to mistake the consequence for the cause.

" Case XIX, (Appendix p. 33) is likewise a case of pneumonia, treated as simple hydrothorax; we need not therefore wonder at its rapid and fatal termination, 'although the habit was placed under the full influence of digitalis.'

" We wish to call the attention of the profession to this subject, because, with a few exceptions, the great mass of practitioners still adhere to the Cullenian definition of hydrothorax, in apparent ignorance of its overthrow by Corvisart and Laennec.

" In proof of this assertion we may state, that numerous cases have been sent into the medical wards of the Meath Hospital, by practitioners who had named and treated them as cases of simple hydrothorax; but in no case have we found this diagnosis correct, and more than once have we succeeded in saving the life of such a patient, by the bold use of the lancet, at a period of the disease when a reliance on antidropsical remedies alone would have been of no avail.

" Numerous dissections made during the last five years in the Meath Hospital have convinced us, that although many die *with* hydrothorax, few can be said to die *of* it; at least we have not as yet met with a case of hydrothorax unaccompanied by evident marks of lesions, either in the heart or lungs, *of a date previous to the occurrence of effusion into the cavity of the chest.*

" In the dissection of such cases, the presence of so much fluid in the chest was formerly thought quite sufficient to account for all the symptoms, so that when water was found, the thoracic viscera were examined very superficially, or not at all; and consequently the real root of the evil was, in most instances, overlooked. The false pathological opinions which sprung from this error, appeared the more plausible, because the supposed gradual accumulation of water in the chest from the very commencement of such a disease, seemed quite adequate to produce that derangement in the function of respiration and circulation, which we know depends on quite

another cause, viz. disease of the lungs or heart. In the last edition of Dr. Good's Study of Medicine, Vol. V. p. 404, we find the following definition of *Hydrops Thoracis:*

" 'Sense of oppression in the chest: dyspnœa in exercise or decumbiture: livid countenance: urine red and spare: pulse irregular: œdematous extremities: palpitations and startings during sleep.'

" Now we have no hesitation in affirming, that were we to meet with a case answering to this definition in *every particular*, we would at once declare the disease *not to be* hydrothorax, for in every such case, a careful examination of the chest by means of percussion and the stethoscope, will detect diseases in the thoracic viscera of prior occurrence to the effusion, *when effusion really exists;* and, in many cases, when several of the above enumerated symptoms occur, they will be found on examination to commence long before effusion into the chest has taken place.

" On the whole, we feel convinced that the opinions advanced by Corvisart and Laennec, concerning the extremely rare occurrence of idiopathic hydrothorax, are correct; and we cannot therefore subscribe to the reasons assigned by Dr. Good, for still retaining the old definition of that complaint, a definition completely at variance with our dissections." 89.

Art. VI.

A Case of Ununited Fracture of the Tibia, treated successfully by the Seton. By John Browne, M.D. Surgeon to the County Meath Hospital.

This practice has not yet established its reputation upon a firm basis. It is of recent origin, and it has sometimes failed—even where it was said to have succeeded. The measure therefore needs confirmation.

Case. Matthew Fitzpatrick, aged 60, a gardener, of a naturally good constitution, received a compound fracture of both bones of the leg, on the 3d of August 1825, from the passage of a cart-wheel over the limb. The fractures were oblique—situated about the centre of the bones—and half an inch of the spiculated extremity of the upper portion of the broken tibia projected anteriorly through a small wound. He was under a bone-setter for five weeks, during which considerable inflammation occurred and abscesses took place. On the 7th September he was received into hospital—his general health much impaired—pulse 100—no appearance of union in the fracture. There were two small openings communicating with the fracture, and discharging moderately. The foot was œdematous. By proper position, splints, diet, and regimen, the health improved, and by the 5th November the fracture of the

fibula had united firmly; but between the ends of the tibia there was a soft union, allowing of motion. Health good. The case was considered favourable for the seton, and the operation was performed, in the following manner.

"A common silver probe was first introduced into the opening on the inside of the tibia, and passed through the course of the fracture; its end being then felt at the outer side of the tibia under the integuments, it was cut upon, and brought out; a curved steel probe, armed with a waxed thread seton, was then introduced, and the silver probe withdrawn. The seton passed through at about one-third of the depth of the bone, it being found impracticable to pass it deeper. The diet and remedies before-mentioned were continued." 322.

The seton was moved thrice weekly from the time of the operation; and we find on the 17th December, that the patient had, for a week, experienced much irritation, pain, and interruption of rest. The openings were spongy, and the seton was no longer in the channel of the tibia, but confined merely by a portion of integuments. The bone was no longer denuded, and a depression which had existed on its anterior surface since the injury appeared considerably diminished. The limb felt stronger. The seton was removed. By the 19th January, 1826, the tibia was firmly united. Dr. Browne observes that—"the rapidity with which the deposition of bone occurred in this old man was surprising, and it was extremely interesting to see the seton gradually pushed forward by the efforts of Nature, in proportion as the cavity in the bone became filled up."

We must defer the conclusion of the review of this volume till our next number, when we hope to complete it.

II.

Commentaries on some of the most important of the Diseases of Females. In Three Parts. By MARSHALL HALL, M.D. F.R.S.E. Octavo, pp. 376, with eight coloured Plates. Longman and Co's. 1827.

DR. HALL'S name has been so long familiar to our readers, that it is unnecessary to recal to their recollection the several works which he has published—and which have uniformly characterized him as a most acute as well as talented observer

of the phenomena of diseases. It is now nearly ten years since his Essay on the "Mimoses, or Disorders of the Digestive Organs," attracted considerable attention, and stamped the author as a physician far beyond the general run of routine practitioners, who too often take for granted what has been first impressed on their minds by their teachers, and dislike the trouble of afterwards observing, comparing, investigating, and thinking for themselves. The only fault, indeed, which has been objected to Dr. Hall, is that of being too minute in his distinctions—and if this was a *fault*, it was founded on his being too minute and accurate in his observance of the various shades and differences of diseases—a supererogation that will be readily pardoned!

The present work is not original—but a consolidation and emendation of the author's former publications, in which he has entered more fully into the investigation of those diseases which formed the subjects of his essays and papers, "in the conviction that a renewed inquiry into their diagnosis or essential differences under a similarity of appearances, and into their nature, pathology, and treatment, will lead to many important and beneficial results."—*Pref.* The author modestly considers this inquiry "as only just begun, and as still affording great scope for further investigation."

These commentaries are divided into three parts—the first embracing those morbid affections incident to female youth—the second comprehending the disease which supervenes during the puerperal state—and the third treating of those affections incident to the middle and later periods of female life. To each of these three parts we shall dedicate an analytical article, passing lightly, of course, over those subjects which have been already reviewed in this series of our Journal.

1. *Disorders incident to Female Youth.*

Dr. Hall thinks that the peculiarity of the female constitution, which principally modifies the disorders of the sex, depends chiefly on the greater developement of the capillary vessels, and the greater susceptibility of the nervous system, than are observed in the male sex. Hence results a greater tendency to those affections attended with pallor, œdema, and even hæmorrhagic effusions. The female is evidently of more sensitive nerve than the male, and is more subject to painful affections of the head, heart, side, and other parts of the body. The growth of the body influences the general health, and the general health influences, in turn, the growth of the body. A too rapid growth involves debility—while debility often impedes

the growth, and interrupts the building up and proportioning of the spine, the pelvis, &c.

The epoch of primary menstruation, like the growth of the body, has a considerable influence on the health, and *vice versa*. So, also, derangements in the return and flow of the catamenia, while they are almost always the effect of some disorder of the general health, become, in turn, a source of constitutional disorder. The state of the uterus and its secretion influences other parts of the body, and especially the mamma, which usually swells and becomes tender at the approach of puberty and the menses.

But there are other states common to the sex, which greatly modify their health; and among these, the confined and loaded condition of the bowels deserves great consideration, together with the injurious effect of sedentary habits. The want of sufficient corporeal exercise draws with it a defective peristaltic action of the intestines, and consequently a remora and vitiation of the fæcal remains of the food. To this may be added the inattention to the calls of nature. Does the ampler size of the pelvic cavity tend to the accumulations in the bowels of females? Dr. H. seems to speak in the affirmative. This remora, he observes, deranges the whole of the chylopoietic functions.

"And, first, the state and functions of the parts within the mouth become obviously disordered; the secretions are morbid, the tongue loaded and swollen, the gums and internal parts of the cheeks red and tumid, the teeth decayed, the breath tainted, and the saliva sometimes profuse and offensive.

"The complexion and general surface of the body then become morbidly affected, and there are pallor, icterode, and other hues, morbid states of each of the textures composing the skin, and frequently œdema. These conditions of the complexion, and of the general surface, vary both in their seat and appearance with the kind and state of the original disorder, and with the state of the tongue and internal mouth. With each of these associated appearances there is a peculiar condition both of the functions of the intestinal canal, and of that of the uterus, and all these affections are variously and characteristically modified by the duration of the malady."

The organs of digestion are disordered—nutrition is impeded —strength is reduced—and the liver (our author affirms) is frequently enlarged. Dr. Hall, however, cautions the medical practitioner against considering every icterode hue in the complexion or general surface as indicating disease or even disorder of this organ. "This state of the cutaneous surface is frequently the effect of a loaded condition and impaired function

of the alimentary canal; and it is, in various instances, an affection of each of the cutaneous textures, or of the cutaneous circulation, altogether independent of any tinge of bile."

No organ, Dr. H. observes, is more influenced by the state of the intestinal canal than the uterus. With the changes observed in the state of the tongue, complexion, and cutaneous surface, "precisely proportionate changes take place (Dr. H avers) in the state of the uterine discharges." The state of these discharges may, he says, in many instances, be ascertained by that of the tongue and complexion.

Dr. H. again adverts to the baleful effects of sedentary habits, and the almost total neglect of regular and active exercise in the open air. The occasional and formal promenade of a string of boarding-school misses in the train of their governess, and that only on a fine day, is a mere mockery of that vigorous muscular exercise which nature prompts and craves for in early life.

II. *Disorder of the general Health—Acute Form.*

The general character and symptoms of this disorder are (Dr. H. thinks) very distinct; but its complications are very various, and sometimes predominate over the other symptoms, so as to resemble certain topical affections, and thus lead the practitioner astray.

"This affection, even in its more acute form, comes on insidiously, and the patient becomes gradually and insensibly incapacitated for exertion, either of mind or body. This state of unconscious disorder perhaps endures for many months, before it attracts the serious attention of the patient or her friends; and when a medical opinion is taken, it is usually sufficiently characterized by a general feeling of weakness, with tremor, head-ache, or vertigo, fluttering, faintishness, tendency to perspiration on the least exertion or surprise, susceptibility to hurry and agitation, weariness, aching, and loss of flesh: and with these symptoms there are peculiar states of the countenance, of the tongue and internal mouth, of the general surface, and of the evacuations, which I now proceed to describe. I would first observe, however, that although the accession of this morbid affection is usually slow and insidious, it is occasionally more rapid, being induced by the occurrence of some other indisposition, or of a fall or other accident.

"Soon after the commencement of this disorder, the countenance is observed to have become rather pale and thin; the lips are pale, and, with the chin, are frequently observed to be tremulous on speaking; the surface of the face is frequently affected with an appearance of oily and clammy perspiration, especially about the nose; and there is usually a degree of sallowness and darkness of the complexion in general, but principally about the eyes and mouth. The face is

sometimes rather bloated, and the skin coarsish, at first; but afterwards there is some degree of emaciation.

"The tongue is almost invariably much loaded; sometimes, however, only slightly, whilst its edges are clean and red. In other severer cases, a load has been formed over the tongue, and has peeled off all at once, or in patches, leaving the surface of the tongue morbidly red, smooth, and tender. But generally the tongue in the acute form of disorder of the general health, is loaded, swollen, and œdematous, marked by pressure against the contiguous teeth, and formed, more or less, into sulci or plaits, and presents upon its upper surface numerous enlarged papillæ; the gums are also swollen, and sometimes red, at others palish, and they occasionally bleed; the inside of the cheeks are, like the tongue, frequently impressed by pressure against the teeth. This state of the tongue and of the gums is accurately represented in Plate I. figures 1, 2, and 3. To observe the sulci in its surface, it is sometimes necessary to distend the tongue by the pressure of two fingers, separating them in a lateral direction. The indentations in the edges of the tongue are most obvious early in the morning; but they are, as well as those in the inside of the cheeks, always obvious enough on a careful inspection. With this state of the surface of the tongue, gums, and cheeks, there is frequently a slight degree of morbid redness, and, perhaps, of tumidity about the tonsils, and soft palate; the teeth, and the mouth in general, are foul; the saliva viscid, especially in the throat; and the breath tainted and fœtid; and I have occasionally known a degree of bleeding to take place, not from the gums alone, but from the posterior parts of the mouth; and this has chiefly occurred during the night, so that the patient has been awoke, and has probably been greatly alarmed, by finding a certain quantity of blood in her mouth.

"The tendency to perspiration is observed on the slightest surprise or exertion, and occasionally, though not very often, in the night, or early in the morning; the skin is, in general, cool, rather moist, and clammy; the hands and feet are apt to be cold, the fingers rather livid, and the nails frequently assume a lilac hue: this state of the hands accords a little with the representation given in Plate VIII. figure 1, but not entirely, the tips of the nails becoming opaqe only in some protracted cases of disorder of the general health.

"The patient is frequently affected with nervous tremor, observed in a quivering of the lip or dimpling of the chin on speaking, or when at all agitated. There is also tremor on holding out the hand, or on carrying a cup of tea, for instance, to the mouth, on attempting to stand erect or walk, or on being fatigued or hurried. The tremor, in some cases, has formed the most remarkable feature of this affection; in others, it has been far less observed; but it is rarely, if ever, entirely absent. The patient feels unaccountably feeble and weary, and suffers from a sense of aching after slight exertion.

"There is an early but very slow and gradual emaciation; and it is most interesting to remark, by weighing the patient, first, the still continued progress of the loss of flesh for a time; and then the cessa-

tion, and, lastly, the restoration from this fearful morbid process, on the institution of a correct mode of treatment.

"The patient experiences head-ach or vertigo, and much nervousness and susceptibility to hurry and agitation. There is sometimes heaviness for sleep; sometimes great wakefulness and restlessness; sometimes incubus; and, sometimes, though rarely, delirium; occasionally, there is loss of memory and absence of mind. Indeed the mental, sentient, and nervous powers appear all to be much under the influence of this affection of the general health.

"The patient is liable to experience faintishness in the upright position, if it be sustained for a little time. There is almost universally a peculiar sense of fluttering about the heart and pit of the stomach. The pulse is frequently nearly natural, but it is sometimes rather frequent, and it is easily accelerated. It is also apt to become irregular and intermittent." 21.

The state of the appetite accompanying the disordered condition of mouth already described, is various—sometimes impaired, sometimes unnaturally craving, without the power to take food. The digestion is apparently good in some—in others, it is attended with distention, flatus, eructation, pyrosis, and even vomiting. The bowels are at first constipated—afterwards relaxed and confined alternately—the evacuations being unnatural in both states, especially in the relaxed condition. Pain in some part of the colon or rectum is not uncommon. The urine is occasionally loaded at the beginning; but afterwards pale. The uterine discharges would probably be found to correspond with the others, if accurately observed—but this can seldom be done. Dr. H. adverts to the *constancy* of the morbid appearances in the countenance, mouth, and tongue—as contrasted with the variability of the other morbid phenomena. Hence, it is on the former chiefly that the accuracy of the diagnosis must rest.

After these observations on the general character of the complications, our author, with his wonted minuteness, proceeds to describe each of these complications separately, with the view of pointing out the diagnosis between them and idiopathic diseases of the same organs. He regrets that the diagnosis is frequently to be founded on the general symptoms, since an idiopathic and organic affection of some part may coexist with disorder of the general health, and, consequently, what was a mere functional complication in the beginning, may become organic in the sequel. He properly observes that it is always a suspicious omen when relief does not follow the due administration of remedies for the primary disorder, especially when the head is affected.

"The most usual affections of the head in this disorder, are pain and vertigo. If there be the symptoms of acute disorder of the

general health already described, and if the head-ach or the vertigo has become habitual, or has long subsisted in a varying character, and especially if the usual remedies for fulness of the blood-vessels of the head have been tried without relief, or with transitory relief only, it may be presumed that the affection of the head is symptomatic only, and that it will yield to the plan of effectual but cordial purgatives, to be described hereafter. This opinion will be further substantiated, if the head-ach or vertigo be conjoined with sickness, faintishness, or cold perspiration, or if there be paleness of the countenance, and some degree of loss of flesh; and still further, if relief be obtained by the administration of warm aperients and a regulated plan of diet." 27.

During the whole course of this disorder, the patient is peculiarly liable to fluttering, irregular action, or violent palpitation of the heart, or even syncope. If there be organic disease of this organ, exertion will always exasperate it—if it be only functional, then, in the intervals of attacks, exercise can be borne without inconvenience. Hæmatemesis and melena are not uncommon complications of this form of the nameless or Proteiform malady, formerly designated by the term MIMOSIS, or imitator, by our talented observer, which term we find he has now dropped. The hæmatemesis is, of course, obvious enough; but the melena may exist without detection. Dr. H. thinks that it frequently occurs unknown and unsuspected by the patient. Jaundice is another complication, together with pains in various parts of the body, giving suspicion of gall-stones, inflammation of the pleura, liver, spleen, kidney, or other part of the body. "There is sometimes a sensible hardness, or tumour, which appears to consist in a loaded state of the intestines." Sometimes there is pain so severe as to resemble TIC DOULOUREUX—sometimes spasmodic or convulsive affections—sometimes such loss of muscular power, especially in the lower extremities, as to resemble paralysis. "Each of these cases is to be distinguished by a reference to the constitutional symptoms."

TREATMENT.

The first object is to evacuate and regulate the bowels.

"It would be difficult, however, to determine whether more benefit has accrued from the use, or harm from the abuse, of purgative medicines in the present day. It does not appear to have been observed, that if these medicines be given unduly, they induce or keep up, in many instances, the very disorders they were intended to remove. This is true, not only in regard to the stomach and bowels themselves, but also in regard to some of those organs which are so apt to be affected symptomatically. In fact, if the due limits in giving purgative medicines be exceeded, a state of irritation and disten-

tion is maintained in the alimentary canal, and of exhaustion and nervousness in the general system, more distressing than the original disorder." 30.

This is a doctrine which we have been preaching for some years—and the longer we live, the more the evidence of its truth accumulates.

Purgative medicines should, therefore, be given (where their employment is necessary for a long time) in such manner and combination as not to produce the effect of keeping up irritation in the line of the alimentary tube. "This is to be done (says Dr. H.) by conjoining some cordial with the purgative, and by guarding against too considerable or too repeated doses of it; and by attention, at the same time, to a mild and nutritious diet."

After a free purgation, therefore, at the beginning, the object is to induce one full and consistent evacuation daily, avoiding, as much as possible, all teazing and irritating operation of medicine.

"The decoction of aloës, the infusion of rhubarb, and of senna, the tinctures of aloës, rhubarb, and senna, the vinum aloës, the Pochelle and Epsom salts, and manna, and aloës and rhubarb, variously formed into pills, are the remedies which I have thought most suited to effect the object which I have described." 31.

In cases where aperient medicine has proved irritating, five or six drops of laudanum, with twenty of liq. ammoniæ, added to the opening draught, have proved useful. Mercurials, in this class of complaints, are not often employed by Dr. Hall, except where the alvine evacuations do not resume their healthy aspect by ordinary means. Neither is our author very friendly to cordials. "They only excite feverishness; and, when the bowels are brought to a natural state, and when irritation and exhaustion are obviated, medicine has done its office." The rest is to be accomplished by diet, exercise, air, sponging the body, &c. On the subjects of diet, clothing, &c. our author is judicious, and his observations are entitled to respectful attention.

Before quitting the subject of the treatment in acute disorder of the general health, Dr. H. makes a few observations on the remedies for its various complications. On these we shall not dwell, as it is obvious that the primary object is to treat the general disorder, directing attention to the local or symptomatic affections, only when they become prominent or distressing. Thus, affections of the head must be met by cupping or leeching till the brain is relieved, if there be evidence of vascular action there; but it will not seldom require all the penetration

of the practitioner to discriminate between head-ach from gastric and intestinal irritation, and that which results from actual fulness of blood, or inflammation of the membranes. Dr. H. remarks that, "in all those cases attended by hæmorrhage, he has been accustomed to prescribe the pilula hydrargyri." We should like to know his reasons for this. Our author is very friendly to the use of injections of warm water, in loaded, costive, or disordered states of the bowels, as a remedy that "may be beneficially substituted for much of the purgative medicine ordinarily prescribed, especially in females." It certainly is a very useful auxiliary; but we have reason to know that it will not often do without the aid of medicines which act on the upper bowels, and bring disordered secretions within the reach of the injection.

CHAP. III. *Protracted General Disorder.*

The transitions from the more acute to the more protracted forms of disorder of the general health, are quite imperceptible. The affection may, Dr. H. observes, be considered acute perhaps during the first year of its existence. But it has generally subsisted some years before it assumes the characteristic form about to be described. In some cases there would not appear to have been any preceding acute form of the disorder, the malady having stolen imperceptibly on the patient. In this form, the states of the complexion, of the tongue and internal mouth, of the general surface, and of the bowels, are even more strongly characterised than in the more acute form of the disorder. But "the complications," observes Dr. H. "are usually of a totally different character."

"The countenance, in the protracted form of disorder of the general health, has gradually assumed a state of permanent paleness and sallowness, which are, however, by no means very considerable in all cases; the prolabia have lost the hue of health; and together with a diffused sallowness, a more morbid discolouration is usually observed occupying the eyelids, and encircling the mouth. The surface of the face is not affected with perspiration, as in the acute form of this disorder, nor is there the same degree of nervous tremor.

"The state of the tongue is most remarkable. It has, in the first place, generally become gradually clean and free from load; together with the whole internal mouth, it has lost its clamminess, its mucous covering, and its halituous appearance; and the secretions of the mouth and the breath are less offensive, and I have known them to acquire the peculiar odour of new milk. The morbid character of the tongue is evidently not of recent formation; it has no longer those acute impressions from its pressure against the teeth,

observed in the acute form of this disorder; the indentations are still very marked, however, but their edges are rounded off; the sulci on the surface of the tongue are, in many instances, still more marked even, but they also have assumed a different character, evidently the impress of long duration; the papillæ are frequently still more enlarged, being much elongated, in some cases, and expanded laterally in others." 43.

These appearances are admirably portrayed in the second plate. Dr. Hall affirms that, "from the peculiar modification of morbid appearances in the tongue, we are also enabled to judge distinctly of the *actual state* as well as of the stage of the disorder." Our author says we can, from the state of the tongue, "form an accurate *conjecture* relative to the length of duration of this morbid affection." We hope Dr. Hall has not over-rated the diagnostic value of lingual phenomena. We have, all our lives, paid much attention to the appearances of this organ in diseases; but we confess we have not arrived at any thing like the accuracy of diagnosis which Dr. Hall has acquired.

Dr. Hall informs us that the *lobulated* appearance of the tongue has been often found by him to accompany simple enlargement of the liver, "of which disease it is therefore a symptom." The general surface, in this state of disorder, is very various—generally sallow and dry, or at least not perspirable. The nails also undergo some remarkable changes. "They first become dry, then brittle, and then begin to split at their points, until at length the patient cannot take a pin out of her dress without breaking them; afterwards they sink in irregularly in their centre, turning upwards at their points, which are variously cracked and split."

"In connection with the general surface, it is important to remark, that the patient affected with protracted disorder of the general health is peculiarly subjected to several morbid states of the integuments, and of those internal surfaces which are immediately continued from the skin, such as, furunculus, paronychia, hordeola, erysipelas, especially of the nose, erythema nodosum, uticaria chronica, lichen, a harsh and cracked state of the skin surrounding the prolabia, purpura, inflammation, ulcerations or pustules of the conjunctiva, decay of the teeth, a morbid state of the gums and internal mouth, aphthæ of the tongue and inside of the lips or cheeks, chronic sore throat, deep ulcerations of the tongue, &c. and the occurrence of these local affections should always lead us to inquire into the state of the general health.

"There are, in the protracted form of this disorder, less tremor, debility, loss of flesh, and tendency to faintishness, and perspiration, than in the acute, although they are by no means entirely absent. The patient is still incapable of exertion, apt to perspire from effort

or agitation, and subject to symptoms of affection of the head, heart, chest, and of the digestion; only usually in a slighter degree than is observed in the acuter form of this affection.

"The bowels, especially, are in an extremely deranged state, either constipated, or with scanty fluid, and fetid evacuations, and, more frequently than is suspected, mixed with blood.

"The uterine discharges become retarded in their returns, of short duration in their flow, discoloured, or pale, and scanty, frequently attended by much pain, and often succeeded by leucorrhœa.

"The appearance of the urine is, like all the other symptoms, very variable; sometimes the patient becomes subject to gravel.

"There is sometimes a degree of œdema, and sometimes a state of cachexia." 48.

The treatment is the same as in the acute form of disorder, excepting that more caution must be used in the exhibition of the different remedies—especially of purgatives.

"In addition to the former plan, there are questions, in the present case, respecting several other remedies; as the sarsaparilla, the sulphate of quinine, and the sulphate of iron. The two first, I am of opinion, may be safely given, and will be found of considerable advantage. The sulphate of iron requires rather more precaution in its administration, but is, I believe, a more efficacious remedy, when suitably given, than either of the former. In order that the sulphate of iron may be prescribed with advantage, the bowels must have been first freely evacuated, and then properly regulated for some time; the tongue must be clean, and the prolabium and countenance in general pale. In such a case, one grain of sulphate of iron, with some aromatic, may be given three times a day; and I think those times should be chosen when the stomach is not empty. I have sometimes even thought it advantageous to give this medicine during meals.

"The sarsaparilla, sulphate of quinine, and sulphate of iron, may also be advantageously given together." 50.

CHAP. IV.—*Chlorosis.*

Dr. Hall is of opinion that this curious affection arises from the same causes of disorder of the general health as have already been detailed, and that the causes "of a sexual character," which have been assigned by authors, have rarely any thing to do with the complaint. It steals on in a very insidious manner, but has, according to our author, three pretty distinct stages. "It may be characterized in general as uniting a morbid paleness of the complexion, tongue, and general surface, with recurrent pain of the head, or of the side, palpitation, fluttering, and nervousness, and frequently attacks of hysteria—with some tendency to loss of flesh and to œdema." The various features of this disease, as portrayed in the general sur-

face, the tongue, the countenance, the different functions, and the several secretions and excretions, are delineated and described by our author with more than German minuteness, and we must say with fidelity. For these descriptions we must refer to the volume itself, from page 51 to page 59.

Dr. Hall despairs of giving any thing accurate or specific in regard to the pathology of this and other forms of disorder of the general health. "There appears to me not to be a system, an organ, a texture, or even a fluid in the animal economy, which does not suffer in different instances of this multiform disorder."* A page farther on, however, Dr. Hall gives it as his opinion, that "the first cause is in the state of the bowels"—that "a concurrent cause is the peculiarity of constitution already described (humoral pathology)—and that an exciting cause is the inactive and sedentary mode of life usually obtaining in female youth." The stomach, Dr. H. thinks, suffers from its contiguity with the intestines; but really we see no reason why the stomach should not suffer from the same general causes that act on other parts of the system, including the intestines, and that as soon as any other organ or structure in the body. We agree with our author, however, that it is in the digestive organs the first and principal manifestation of the Proteian malady (of which chlorosis is merely one of the numerous shapes) is to be found. This *effect* of numerous causes, moral and physical, becomes, in turn, the *cause* of the numerous other phenomena presented in various parts of the body. That the state of the circulating fluids is deteriorated in this complaint there can be little doubt; and this deterioration of the blood may well become a cause of impaired vital energy in the heart, brain, and other organs. The painful affections of parts, in chlorosis, have sometimes been mistaken for organic disease; and the means employed as remedies have then increased the malady; but a careful examination of the constitution will readily detect the nature of the complaint.

"The treatment of this form of disorder of the general health

* "There is in chlorosis a remarkable state of the capillary system of circulation, both of the vessels and of the fluids; it is this which gives origin to the exsanguious appearance of the countenance, prolabia, tongue, gums, and general surface; to the tendency to œdema; and to different species of hæmorrhages, especially those of the mucous and cutaneous surfaces, as epistaxis, melæna, hæmatemesis, and even purpura; and it is from this circumstance that the catamenia become almost colourless and aqueous. I have observed the blood which has flowed from the nose scarcely to tinge the sheets, and that taken from the arm, to resolve itself almost entirely into serum, with scarcely any crassamentum. This disorder affords, therefore, one of the most unequivocal examples of humoral pathology." 61.

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stances, even under the eyes of the most experienced practitioners.

"The commencement, course, or termination of this, and indeed of every form, of this complaint, is generally marked, and the case distinguished, by the signs of some inordinate mental emotions, to which it is most important to revert, as they afford, in many cases, the most characteristic symptoms of this disorder.

"The attack is frequently ushered in by an unusual appearance of the countenance,—change of colour, rolling of the eyes, distortions, or some spasmodic affection of the muscles of the face.

"A state of general or partial, of violent, or of continued convulsion, or of fixed spasmodic contraction, takes place, and displays every possible variety in mode or form, as trismus, tetanus, contracted hand, distorted foot, or twisted legs.

"The severe form of hysteria sometimes chiefly consists in a violent general or partial pain and throbbing of the head; occasionally this pain is confined to some particular spot even, and is so acute as to have obtained the appellation of the clavus hystericus; sometimes there is great intolerance of light, and noise; sometimes a state of stupor, sometimes delirium. This state must be carefully distinguished from an idiopathic affection of the head.

"The respiration is frequently much affected. An oppressive or suffocating dyspnœa takes place; or the breathing becomes rapid, anxious, and irregular, or variously attended with rapid heaving of the chest, or with a spasmodic affection of the diaphragm inducing a peculiar elevation of the abdomen, or an equally peculiar succussory movement of the trunk in general; sometimes the respiration appears to be suspended for some time, the pulse continuing to beat as before; in this case it will generally be found, on attentive examination, that the breathing is performed by the diaphragm.

"A peculiar crowing noise or screaming is apt to occur in this affection; and there is occasionally great hoarseness, or even complete loss of voice, continued for a considerable time.

"There is sometimes a violent, dry, hoarse cough, continued or recurrent in paroxysms; and sometimes there is an attack which resembles the most suffocating form of croup.

"Palpitation of the heart, or syncope, are usual affections in hysteria; the pulse is, otherwise, often very little affected.

"There is occasionally acute pain of some part of the chest, of the diaphragm, or of the abdomen. This affection might easily be mistaken for inflammation. It is often such that the patient cannot bear the slightest, and most superficial touch even; and it is by this very circumstance that it is sometimes distinguished from pain of an inflammatory nature, which is only aggravated by positive pressure." 84.

The inveterate form of hysteria consists, according to Dr. Hall, sometimes in an almost perpetual agitation of some part of the body, the limbs, the respiration, the throat, or the sto-

mach—sometimes in a state of perpetual contraction of the hand, foot, or some other part of the body. In some instances, there are seizures which it is difficult to distinguish from epilepsy, paralysis, or mental alienation. In short, "hysteria is characterised by affecting in the same, or in different instances, singly or conjointly, all the several systems which constitute the animal frame"—all the organs and functions of the body—all the faculties of the mind!

Yet it cannot be denied that it is of great importance to distinguish the masked forms of this malady from the inflammatory and organic diseases which it imitates. They are every day confounded, especially by young practitioners, and much mischief is done, besides the false prognoses that are given. Such errors are to be avoided by a cautious inquiry into the history of the case, the mode of attack, the immediate exciting cause, and the early symptoms. With all these precautions, however, the practitioner will often be deceived, and only discover his mistake in the course of the disease, when he finds that local affections, which he considered to be inflammatory, are aggravated instead of being relieved by depletion—especially sanguineous depletion.

The methodus medendi in hysteria laid down by our author forms a striking contrast to the minuteness of his descriptions.

"The remedies in hysteria are such as are required by the state of constitutional disorder, and especially by that of the stomach and bowels, and by that of the uterus, the functions of which require to be restored as quickly as possible. Aperient medicines, fomentations of the feet, and of the lower parts of the abdomen, are amongst the first remedies.

"Then follow the means of relieving the urgent symptoms, which are as various as those symptoms themselves.

"For the affection of the head, a lotion of spirit of wine and rose-water is of great service, and, if necessary, a small blister may be applied to the nape of the neck; with these remedies, the tincture of hyosciamus, sal volatile, and æther may be given, or a saline effervescent draught.

"For the pain of the chest or abdomen, a liniment with sal volatile or a fomentation of hot water, may be applied with similar internal remedies.

"The same observations apply to the other forms of hysteria. In all it is of the first importance to act upon the alimentary canal and uterus, then to soothe, and, lastly, to relieve the local pain or distress." 89.

In a short chapter (VII.) which succeeds, Dr. H. has offered some cursory observations on certain anomalous forms of disordered health in young females, all of which, however, appear to hinge upon defective energy in the stomach and bowels.

and consequently are attended with debility, and more or less emaciation. Amenorrhœa is also a concomitant symptom. The remedies are mild aperients, tonics, slight cordials, with alternate repose and exercise.

CHAP. VII. This embraces a disorder of general health which our author has observed in females returned from India.

Dr. Hall, arguing on the fact that menstruation occurs earlier in tropical than in cold climates, concludes that the uterus suffers in females who migrate from Europe to India. He observes that the catamenial flow is apt to become profuse in the hotter regions of the earth, attended, in many instances, with disposition to mænorrhagia, and even to abortion and leucorrhœa.

"The result of this state of things is, that the patient becomes affected with extreme exhaustion, and is often compelled to return to Europe. This change of climate is generally of the utmost service in restraining the uterine discharges; but the effects of the previous drain and losses of blood do not so soon cease, and the patient presents all the symptoms of exhaustion, either in that form which is attended with re-action, or in that in which the symptoms of reaction do not manifest themselves. In addition to exhaustion, there are also very frequently the effects of intestinal irritation, the bowels being extremely apt to become confined." 102.

Two cases in illustration are related by Dr. Hall, for which we refer to the work, from page 103 to 109. The treatment differs little, if at all, from that which has been already detailed.

CHAP. VIII. This chapter, which only occupies nine pages, discusses "the diagnosis and symptoms of some local inflammatory diseases." Dr. H. commences by observing that it is the fashion of the present day to consider every local pain and other affection to be inflammatory, "and forthwith to use the lancet." Our author is anxious not to mislead any young practitioner by drawing him into a neglect of this useful remedy, when actual inflammation exists.

"I would even say that it is far better that the lancet should be used twenty times unnecessarily, than that it should be neglected once when really necessary. But still it is my duty to state, that I have seen many, very many cases of protracted indisposition which have entirely ensued from the misapplied and unnecessary use of the lancet." 112.

How are we to avoid the error? By a careful diagnosis.

"Whenever there are the appearances of the complexion, tongue, and general surface, which have been described as obtaining in the

different forms of disorder of the general health, the presumption will be, that any local affection is only a symptomatic complication of that disorder. This presumption is strengthened if there be an entire absence of any external cause of the local affection. But it is to be carefully observed that it is, still, only a presumption, and that there may be a concurrence of idiopathic local disease with disorder of the general health,—or that that which was symptomatic at one period, may become actual disease in its course,—especially in the more acute form of disorder of the general health described in the second chapter of this work;—for this very rarely, perhaps never, occurs in the other forms of this disorder.

"If there be many of the general symptoms of disorder of the general health which affect the head, the heart, the breathing, the nervous and the muscular systems, &c. there is a still further, and, I think, a still stronger presumption that any predominant topical affection is symptomatic; for I have repeatedly observed that idiopathic disease frequently subdues these symptoms, even when they had previously existed, and gives a definitiveness to the affection which it had not before, and which returns only when the idiopathic disease is subdued." 114.

Dr. Hall would not say that hysteria is incompatible with idiopathic inflammatory disease; but he is persuaded that attacks or symptoms of hysteria very seldom concur with the active inflammation of a vital organ. It is sometimes superinduced by the remedies for inflammation, denoting then that those remedies have mitigated the disease and affected the constitution; but he believes that in the greater number of cases where hysteria comes on after bleeding, the original complaint was not inflammation, but disorder of the general health with some local complication.

"Another source of distinction exists in the effects of the remedies which have been employed. Early fainting, from blood-letting, is observed in the complications of disorder of the general health; inflammation, on the other hand, seems to protect the system from the effects of loss of blood: in the former case, too, there are often mitigated sufferings at first, but an aggravated state of complaint on the return of re-action after bleeding; whilst in the latter, this is certainly not observed, but the disease may be found to be unsubdued, or perhaps pursuing its progress." 116.

On the other hand, the complications of disorder of the general health are more relieved by purgatives than an inflammatory affection would be, while the appearance of the evacuations affords an additional source of diagnosis. The administration of lowering remedies in disorder of the general health renders the patient nervous, irritable, and feeble, in a degree not observed in inflammatory disease.

Dr. Hall makes many judicious observations on the diagnosis in particular local affections, as of the head, the pleura, the pe-

ritoneum, the lungs, &c. for which we must refer to the work itself.

CHAP. IX.—The subject of this chapter is tubercular affection of the abdomen. This is a most insidious, slow, and generally fatal disease. In Dr. Hall's experience, there are more females than males affected with the complaint. The age at which that peculiar form of the disease of which Dr. H. is now speaking, occurs, is usually, according to his experience, from fifteen. The following are the diagnostic symptoms by which our author is guided.

"Tuberculous disease in the abdomen is greatly characterised by three symptoms,—great tendency to coldness and lividity of the extreme parts of the body, a frequent pulse, and slow but progressive emaciation.

"The aspect of the countenance is altogether peculiar, especially in cool weather, together with an obvious emaciation and expression of languor and disease; the end of the nose is livid in colour, and cold to the touch; and there is, in general, either paleness or a slight degree of flushing.

"Similar observations may be made respecting the general surface. There is emaciation; the skin is soft, and apt to become moist, and there are frequent perspirations during sleep, especially in the early part of the morning; to prevent this perspiration, the patient frequently endeavours to keep awake; there is an undue sensibility to cold observed on the slightest unexpected exposure,—as the opening of a door,—and the patient frequently creeps over the fire; sometimes I have observed the back of the hands, and the fore part of the legs, to assume a peculiar brown colour, from being burnt by a constant approach to the fire; the hands and fingers are apt to be extremely livid and cold.

"The mode of walking is peculiar, being attended by stooping, weakness, and caution.

"The pulse is always frequent, and generally regular. It is earlier, and longer frequent, in tuberculous affection of the abdomen, than of any other cavity. I have known the pulse to be between one hundred and one hundred and twenty, for several years.

"The emaciation in tuberculous disease of the abdomen is uniformly but very slowly progressive. It is accompanied by a state of unvaried debility; and in the later periods of the disease, by some œdema, generally observed more in one leg than the other.

"The other symptoms of this morbid affection are less constant; they are chiefly an augmented appetite for food, copious, pale, alvine evacuations, and pain, and sometimes a perceptible tumour, in some part of the abdomen, especially in the iliac or hypograstic regions. The catamenia simply become scanty, or cease, without undergoing the changes observed in some cases of disorder of the general health.

"There are, altogether a peculiar appearance of the countenance, a peculiar mode of walking, and a peculiar attitude and manner in

general, all denoting debility and great disease; and if to them be added the peculiar sensibility to cold, and tendency to coldness and lividity of the extreme parts of the body, the very gradual emaciation, and the habitual frequency of the pulse, it is scarcely possible to mistake the nature of this disease; but in practice the diagnosis requires very careful and minute observation." 123.

As for tubercular affections of the encephalon, they can only be suspected and distinguished from slow inflammation by observing the concurrent existence of tubercles in other parts of the body. The symptoms of tubercles in the lungs have been so ably described by Bayle, Laennec, and Louis, that our author does not think it necessary to take up the question here. Several cases are detailed by Dr. Hall, illustrating the graphic description of tuberculous affection of the abdominal cavity, which we have fully quoted. These cases do not require any analysis in this place.

CHAP. X.—This chapter contains some observations on certain affections of the uterus and mamma. The uterus may be affected by disorder of the general health; by a state of exhaustion of the system; by organic disease of some important viscus; and by inflammation of the uterus itself. The morbid conditions which come in under the first head, consist in an impaired state of the catamenial function, supervening, for the most part, gradually—the uterine discharge becoming irregular, generally retarded in its returns, curtailed in its duration, defective in quantity and colour—often ending in complete amenorrhœa. To these symptoms, there is sometimes added painful menstruation, which is much relieved by pediluvia, semicupia, and warm water injections, with opium or hyosciamus.

But our author's chief object in this chapter is to notice some morbid states of the catamenial function, apparently dependent upon an inflammatory affection of the uterus itself, attended with amenorrhœa, dysmenorrhœa, and the ejection of a false membrane from the internal surface of the organ.

"All these cases are attended and denoted by pain. This is frequently constantly present, or at least easily excited by coughing, straining, or jumping; it is often felt on voiding the bladder or rectum: it is apt to be augmented in paroxysms, and it is sometimes attended by a sense of bearing down, by frequent calls to make water, or by some degree of tenesmus or uneasy feeling about the rectum; and it is not unfrequently attended by pain at the lowest part of the back, and round the pelvis.

"Amenorrhœa, arising from an inflammatory state of the uterus, will, if we can divest ourselves of the influence of a name, be readily distinguished from the cessation of the catamenia in chlorosis, by the absence of the peculiar appearances of this disorder, and by the pain and other symptoms of inflammation. The mode of accession

of this case of amenorrhœa is different from that in chlorosis, being less gradual, and less marked by the gradual changes of colour in the discharge.

"Dysmenorrhœa from an inflammatory condition of the uterus is still more common, perhaps, than amenorrhœa. It is sometimes accompanied by great pain and profuse discharges, at each catamenial period, and often proves a cause of sterility. In one instance, the patient became pregnant at length; but the substance of the uterus was diseased, and presented the form of painful tumours, on examination of the abdomen; and, after delivery, a fatal inflammation destroyed the patient. On examination, the uterus was found to be the seat of a diseased structure, in a state of partial suppuration.

"In some instances, the inflamed lining of the uterus has formed a false membrane of coagulable lymph, such as is formed, in some cases, in the trachea, and in the intestines; and this is at length thrown off by painful contractions of the uterus, frequently accompanied or followed by hæmorrhagy. The case resembles abortion. The false membrane has the form of the internal cavity of the uterus, but is readily distinguished, on a careful examination, from an ovum.

"In all these cases, an active application of antiphlogistic remedies is absolutely necessary to relieve the patient, to subdue the inflammation, and to secure the organ from a future state of disease of a still more formidable character. I would particularly enforce this remark, in regard to all cases of dysmenorrhœa, which are too apt to be treated as a mere monthly inconveniency, without sufficient reference to the nature and tendency of the complaint; we ought, on the contrary, to be satisfied with nothing short of totally subduing the disease.

"For the case of inflammation, in which a false membrane is apt to form, judging from analogy, I should imagine that a full course of mercury might cure. I am not aware that it has been tried. But considering the painful character of the affection, and its usual effect in inducing sterility, it appears to me that this remedy deserves to be submitted to the test of experiment.

"Otherwise, I am not aware of any mode of treatment, except that adapted for inflammation and pain, in general; only, I would suggest, that the antiphlogistic measures should not be adopted during the attack merely, but should be continued long afterwards; for the formation of the false membrane is the more immediate effect of inflammation, whilst its detachment and expulsion are more properly the consequences of contraction of the uterus itself." 140.

We have thus given a very full analysis of the first part of our author's work, embracing "the Disorders incident to Female Youth." In a succeeding article, we shall take up the important subject of puerperal diseases. In the mean time, we have given sufficient specimens of the minute and valuable observations of this talented author, to induce the practitioner to possess himself of the original work, which is, in this edition, put into a much more systematic and available form than in Dr. Hall's preceding volumes.

III.

A Treatise on the Nature and Cure of Rheumatism; with Observations on Rheumatic Neuralgia, and on Spasmodic Neuralgia, or Tic Douloureux. By CHARLES SCUDAMORE, M.D. F.R.S. &c. Octavo, pp. 589. Longman's, May, 1827.

THE motto which Dr. Scudamore has chosen for his work, is taken from La Bruyere, and is very significant. Its meaning is this:—"I return to the public that which the public has lent me. I have taken from the public the materials of this work, and it is but just that I should make restitution." This is very honest, and we wish all medical men would pay their debts of honour to the public in this manner. True it is, that there is a very considerable number of authors who are *ultra-liberal* to the public; and who, never having borrowed any of the *rough materials*, are yet profuse in their presents of the *manufactured* article to that dear public who is so much the object of their generosity. The public may be divided into two portions—the professional and the non-professional. The former class are not the best patrons of monographs like the present volume, for we happen to know that not one work in ten of this description ever pays for the paper, and that, small as is the sale, more copies are bought up by the public than by the profession. In fact, it is almost inconceivable how little is known of the medical works that issue from the press (except through the medium of journals) among the great mass of medical society. Those who are in full practice have not *time* to read—those who are in little practice have not *money* to buy the books—and those who have sufficient time and money, want the *inclination* to wade through the products of the press. Still, with all these disadvantages, there must be something very seducing in authorship to tempt hundreds annually to brave the dangers of criticism, and the still greater danger of neglect, in order to have the honour of giving birth to a book. Each aspiring spirit, in the medical art, is ready to exclaim—

> Tentanda via est quâ me quoque possum
> Tollere humo, victorque virum volitare per ora.

Dr. Scudamore is no respecter of persons. He has written for the benefit of Dives and Lazarus:—a guinea volume for the rich man with gout—and a sixteen shilling octavo for the poor man with rheumatism. In purchasing this last, the ECONOMIST will save five shillings out of the fee, and have a world

of advice for his money:—and as for DIVES, he can afford to have the book in his library, and the doctor himself in the drawing-room daily. If, therefore, the worthy author before us should not derive so rich a harvest from this last as from his first work, he will have the heart-felt satisfaction of reflecting that "what is given to the poor is lent to the Lord," and will return with interest in some shape or other.

Gout and rheumatism have been considered, even by one of the latest writers of the day,* as twin sisters; but surely this cannot be, for we find gout largely prevailing in the earlier ages of the world, when all was simplicity and temperance, while rheumatism is never mentioned:—and on the other hand, now that the causes of gout have multiplied, we find rheumatism a far more prevailing complaint. It is evident that if the disease was known to the ancients, it was confounded with gout, under the general name of arthritis, and no distinct notice was taken of the complaint till the beginning of the 17th century, when Ballonius left a posthumous work on the subject, describing it as a new disease. Then followed Sydenham, Hoffman, Stoll, Boerhaave, Sauvages, Musgrave, Huxham, Cullen, Barthez, and last, not *least*, Scudamore. We say "not *least*," in respect to the size of the book, the "bulk" of which Dr. S. seriously hopes (p. xiii.) "will be found sufficiently *comprehensive*." We are quite convinced that Dr. Scudamore may make himself easy on that point. No complaint, we may venture to predict, will ever be made that the Doctor's volume on rheumatism is too small! In truth, 600 pages on a single subject—and that not the most interesting one in the circle of medical science, will be thought *satis superque*, by most of the profession, as Dr. S. will probably find in the course of a few years.† Be that as it may, we shall endeavour to offer a comprehensive view of Dr. Scudamore's doctrines and practice in this disease.

Dissatisfied with the definitions of his predecessors, our author has constructed one of his own. It is this:—

"*Pain of a peculiar kind, usually attended with inflammatory action, affecting the white fibrous textures belonging to muscles and*

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* M. Goupil, "Exposition des Principes de la Nouvelle Doctrine Medicale."

† Although Dr. Scudamore's is the largest work which we possess on the single subject of rheumatism, it does not contain so much matter as the laborious and erudite compilation of Villeneuve, which occupies upwards of 200 pages of small and closely printed letter-press, in the 48th volume of the *Dict. des Sciences Medicales*. From that source Dr. S. has probably drawn some of his materials, though he modestly designates them as *loans* from the public, now at last repaid.

joints, such as tendons, aponeuroses, and ligaments; the synovial membranes of the bursæ and tendons; and nerves; occasioned by the influence of variable temperature, or by direct cold, or by moisture." 12.

Comprehensive as is the above definition, yet we think it too refined. Thus the pleura and the non-reflected portion of the pericardium are excluded from being the seat of rheumatic inflammation, as not "belonging to muscles and joints," though we think that most practical men will have observed rheumatic inflammation in those, and in many other parts not included in the above definition. "Almost all authors," says Villeneuve, "agree that the *fibrous system*, dispersed, under various forms, throughout the whole of the animal frame, is the principal seat of rheumatism." The mucous and serous membranes have been considered by many of our most able physicians as occasionally the seat of rheumatic inflammation, and we have little doubt of the fact.* But as we never attached much importance to definitions, we shall pass on to other topics.

The species of rheumatism are two, the acute and chronic—the former divisible into the acute and subacute.

It is quite needless to go over the symptoms and the causes, predisposing and exciting, of rheumatism. The former are familiar to every practitioner, and all that we know of the etiology, was known before Dr. Scudamore's work appeared. In respect to the *proximate* cause, (the stumbling block of theories and theorists,) we shall leave it to our readers how far Dr. S has removed the veil from that of rheumatism, in the following passage.

"It may be stated, that the predisposition to rheumatism consists in a deficiency of healthy tone in the textures, connected with joints and muscles, and in nerves, so as to be affected in this peculiar manner by the influence of variable temperature. If we lose sight of the humoral term 'rheumatism,' we shall come to the simple fact, that, in a condition of susceptibility, cold, or sudden reduction of temperature, makes a particular impression on the vessels and nerves near the surface, and produces a painful affection of certain textures, which is attended with more or less of inflammation; the phenomena of which are so far of a peculiar nature, that we may either consider the disease *specific*, inasmuch as the symptoms dif-

* Indeed, Dr. S. himself acknowledges, page 19, that the "fibrous parts of the more important and delicate organs are not exempted from rheumatism." Again,—"when the inflammatory diathesis is active, *serous membranes* may be attacked with inflammation; but I should consider such affections in the light of coincidence, or consequence, and not as examples of the primary action of rheumatism.

fer in their constituent character from those produced by other inflammations; or, we may view the effect in the light of common inflammation, modified on the one hand by the nature of the exciting cause—the external one, Cold—and, on the other hand, by the influence of the particular species of textures which become affected." 49.

In the next page Dr. S. observes that—"it may be stated that rheumatism, in its true primary character, as being a diseased condition of certain textures, is not *so distinctly* a constitutional disease as gout, which requires a specific state of constitution."

This passage surely involves a contradiction; for, if rheumatism be merely "a diseased condition of certain textures," or, in plain terms, a local disease, it cannot be a constitutional one. If, on the other hand, it be a constitutional affection, its being *more or less* distinctly so than gout or any other disease, does not bear on the question. The fact is, that Dr. Scudamore is sadly embarrassed in the attempt to account for the general fever in rheumatism *preceding* the local affection, and yet being *caused* by that local affection. But let him speak for himself.

"Dr. Johnson, the ingenious author of a work 'On the influence of the atmosphere, &c.' seems to object to my opinion, that the fever in acute rheumatism is symptomatic; but I confess myself not convinced by his arguments. Do we not see that general fever (pyrexia) is chiefly proportioned to the nature and extent of the parts affected? If a single bursa be the sole seat of disease, the constitution does not actively sympathize. General fever, in this case, does not take place; but it is the invariable attendant of an inflammation of ligamentous or tendinous structure, existing at the same time in different joints. Although it occasionally happen, in point of time, that pyrexia precedes the developement of the local rheumatic inflammation, may we not consider that the constitution has taken such early alarm from a ready sympathy with the textures upon which the offending agent, Cold, has certainly made its impression, notwithstanding the characteristic symptoms do not become all at once developed? Yet the interval between the occurrence of the constitutional fever and the local signs of inflammation is never long; and the general fever, inasmuch as it is truly rheumatic, keeps pace entirely with the local disease." 52.

This is very lame reasoning—in short, it is a mere *petitio principii*. If this be allowed, we may next assert that the fever of variola is merely symptomatic of the local inflammation of the pustules, which *are to come out* a few days afterwards! Whereas, it is evident that the eruptive fever is the natural consequence of an agent that has impressed its deleterious in-

fluence on the system at large, although, from its peculiar nature, a cutaneous eruption occurs at a certain period of the disease—and then the fever is kept up or aggravated by the local affection. We conceive that it is just the same with rheumatic fever. An external cause—say atmospheric vicissitudes—acts on the system at large, (for we maintain that the cause acts generally, not locally,) and is followed, first, by constitutional disturbance, exhibiting the phenomena of fever; and, secondly, by a local affection, in the shape of acute rheumatism. This last is no more the cause of the original fever, (though it may afterwards keep it up,) than the fever is the cause of the local inflammation.

We would recommend Dr. S. to search the records of naval and military hospitals, and if he can find a considerable number of instances where the symptomatic fever of gun-shot wounds showed itself a few days, or even a few hours, before the battles in which the wounds were received, then we shall give up our opposition to his theory. Or, he may investigate the matter in his own neighbourhood. In consequence of the numerous new buildings going forward in the west end of the town, there are cases of fractures of the limbs or skulls almost daily brought into the Middlesex and St. George's Hospitals. If Dr. S. can prove that in a good proportion of these cases, the symptomatic fever shows itself a few days or hours before the men fall from the house-tops, we shall give up the point at once, and acknowledge that the fever which precedes the local inflammation in rheumatism is the *effect* of a cause which *follows*.*

This discussion is not a matter of mere curiosity. It will bear on the treatment, as will be afterwards shown.

Dr. Scudamore dedicates a few pages to the diagnosis between gout and rheumatism, and his diagnostics are unobjectionable. In well-marked cases of each disease, the diagnosis is easy enough, and where the symptoms of gout and rheumatism amalgamate, the treatment will not be so different as to render a diagnosis of any material consequence.

"There is one circumstance which happily distinguishes acute rheumatism from acute gout: that it is not a disease of periodical occurrence, and that it very commonly spares the patient for the rest of his life, although its solitary attack may have been peculiarly severe." 63.

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* Indeed the author himself, a few pages farther on, virtually gives up the doctrine. He says, "It is however, in an analytical point of view *only*, that I assign to rheumatism more of a local than a constitutional character. In a true comprehensive pathology, no disease, not the most simple, can be pronounced so local as to be independent of the constitution."

We have seen so many internal affections, especially of the heart, follow an attack of acute rheumatism, that we are not sure whether we should prefer this last disease, with all its improbability of recurrence, to gout, with the chance of frequent visitations afterwards. Gout may generally be warded off by early and persevering temperance, with proper exercise; but the insidious diseases of the heart, which steal on after acute rheumatism, give little warning to the victim till it is too late!

Prognosis. This, of course, is favourable, so long as rheumatism keeps to external parts; "but danger, more or less imminent, presents itself when any vital organ becomes affected, whether by metastasis, or otherwise; but most where there is metastasis; because, in this case, the fibrous textures of the heart, or of the brain, (surely Dr. S. does not mean the brain, but its envelopes,) usually become the seat of the disease, and those of the heart more frequently than of the brain." If the lungs should become affected by inflammation during acute rheumatism, Dr. S. would not consider the phlogosis as rheumatic, "for they do not possess the necessary texture for this specific affection." We should think they have nearly as much of the fibrous texture as the brain, granting, as we do, with Dr. Spurzheim, that this last texture is fibrous. But we are far from being convinced that diseases have such regular and invariable limits in their seats, as to be exclusively confined to this or that texture of the body.

Treatment. The following proemium to the therapeutical division of the work, would answer just as well for any disease in Cullen's Nosology, as for rheumatism.

"In the investigation of every case, he should inquire whether the rheumatic diathesis be hereditary, or acquired: he should acquaint himself with the peculiarities of the individual constitution, and also the patient's particular state of general health at the time of being attacked with the disease. He should scrutinize very carefully the condition of the digestive organs.

"Upon these and other data, he makes his choice of particular remedies; and, in this department of his knowledge, an acquaintance with the principles of pharmaceutical chemistry comes to his aid, enabling him to direct the fit combination of medicines, which may be wholly different in their nature, and which may oppose or assist each other, according to the skill of the arrangement. I need not dwell upon the value of experience in regard to a knowledge of diseases, and the efficiency of remedies." 68.

Bleeding. This measure, Dr. S. confesses, is "not the agent

in which we should place our confidence, as far as the local inflammation is concerned, for it generally disappoints our expectation of relieving the pain of the disease, unless as the pain and the local inflammation may be connected with the true inflammatory diathesis.

"In no way is a degeneracy into chronic symptoms so certainly introduced as by that injudicious employment of general bleeding, which enfeebles the constitution, and still leaves the rheumatic disposition in great force: Nor does the articular inflammation itself yield to the use of general bleeding in the manner which we might expect." 70.

Dr. S. limits general bleeding to the patient of strong muscular fibre, of sanguineous temperament, full health. If such a person be seized with acute rheumatism, he may be bled "until the hardness and fulness (of the pulse) become reduced to a state of softness and moderation." Cautious and judicious as this rule may appear, we are convinced that it will lead the young and inexperienced practitioner astray. While local inflammation and pain continue, we cannot reduce the pulse to "softness and moderation," if we were to drain the last drop of blood from the body; and, therefore, we suggest that the rule is dangerous.

In such cases as the above, we should be inclined to say, take one or two copious bleedings at the beginning, so as to lessen the general mass of blood; but, after that, be guided by the appearance of labour or disordered function in the great organs of the body, and only bleed when some of these are threatened.

Dr. S. justly remarks on the difficulty of distinguishing nice shades of difference in the pulse, and quotes Dr. Philip's observations on this subject in a way which leaves us in doubt whether he approves, diapproves, or laughs at, the nice discrimination of this eminent physician and physiologist. John Hunter observed, that accuracy in distinguishing pulses was inattainable by many, "for simple sensation in the minds of any two men are (is) seldom alike." He instances the late Dr. William Hunter as a striking example; "for though he was extremely accurate in most things, he could never feel that nice distinction in the pulse that many others did, and was ready to suspect more nicety of discrimination than can really be found. The buffy coat of the blood in acute rheumatism is now well known to be very fallacious—in fact, that it affords us no criterion for the repetition of blood-letting.

"A surer practical indication may be taken from the form of the coagulum, and its firmness. When it is exceedingly cupped, and when the inferior part beneath the stratum of fibrine is very firm, it is a presumptive evidence that the heart and arteries are labouring under that morbid contractility which distinguishes the inflam-

matory diathesis. A hardness of the pulse always attends this state of the blood." 74.

If the heart, brain, lungs, diaphragm, or other internal organ of importance, become affected with inflammation, we must bleed, of course, till the organ is relieved. It is useless to go over the authorities which are cited by Dr. S. in support of general bleeding in rheumatism. Would to God that each author would state the result of his own experience in remedies, without swelling his book with excerptæ from all other authors, from the flood downwards!

Emetics are lauded by Dr. Scudamore, as excellent remedies at the commencement of the disease. It is more than we can say for them—but Dr. S. is paramount authority on this point.

Purgatives. It is curious that the only objection which Dr. S. urges against purgative medicines, in rheumatism, is—"the pain and difficulty attendant on frequent change of position." If Dr. S. ever treated himself to an emetic, he would know that the changes of position and action of muscles, consequent on vomiting, are at least equal to, if not greater than those attendant on purgation.

"I have been much satisfied with the effects of a draught composed of the carbonate of magnesia, carbonate of potash, sulphate of magnesia, in small doses, tartarized antimony, lemon juice in fit proportion to neutralize the carbonate of potash, and the acetum colchici, with some agreeable distilled water and syrup. The draught may be taken in effervescence, or otherwise. The addition of the tartar emetic is exceedingly valuable; for my increasing experience with this medicine convinces me that it is one of the most useful remedies which we can employ for the removal of inflammatory action; and in proportion as we employ it with judgment, so do we diminish the necessity of using the lancet. Its influence is much more permanent than that of digitalis; which, although on many occasions to be regarded as a most valuable auxiliary in the treatment of inflammation, is yet liable to the objection of its restraining action rather than subduing inflammation, and masking, rather than curing the disease." 92.

In concurrence with this draught our author prescribes calomel with the compound extract of colocynth at night—the former, from one grain to five, continuing the mercurial, in urgent cases of acute rheumatism, till the mouth becomes slightly affected. It is usually expedient to add to the pills above-mentioned, a portion of opium, extract of poppy, or hyosciamus.

"In regard to the freedom and continuance of this treatment, we shall inform ourselves, in great measure, by a regular observation

of the nature of the excretions, alvine and urinary; for, while the fæces are unnaturally dark, and the urine is dense, of a deep colour, turbid, or even depositing lateritious or pink sediment, the fluid portion being clear, it is incumbent upon us to make daily employment of purgative medicine. When the excretions acquire a natural appearance, the acute symptoms of inflammation usually subside, and then our active treatment must be exchanged for the occasional use of a sufficient quantity of an aperient for the regulation of the bowels; at the same time, taking advantage of the absence of fever, to introduce the trial of tonic medicine, and restorative diet." 96.

If remissions of the fever be sufficiently distinct, the sulphate of quinine, or other form of bark, is to be given.

Under the head of "Tartar Emetic," our author introduces the opinions and practice of the late lamented Laennec, as grounded on the new Italian doctrine. But with this practice our readers are sufficiently acquainted. The following formula, combining the anodyne with the antimonial remedy, we copy from page 106 of the present work.

"℞. Potassæ Carbonat. gr. cviij.
Succ. citric (recentis,) ℥ij.
Mist. Camphoræ: ℥iijss.
Liquoris opii sedativ. ℥iss. ad ℥ij.
Syrupi tolutan. ℥ss.
Antimon. tartarisat. gr. i. ad gr. ij.
M.—Fiat Mistura." 106.

One, two, or three table-spoonfuls of the above mixture are to be given every hour or two till pain is relieved. Dr. S. also recommends the acetate of morphine, (from a quarter of a grain to a grain,) in a saline draught, with camphor mixture, and a small portion of hydrocyanic acid. The following formula is recommended when the inflammatory diathesis does not prevail very strongly, and where general rheumatic pain and consequent irritation predominate.

"℞. Liquoris Ammon. Acetat. ℥ss.
Vini Colchici, ♏ xx. ad ℥ss.
Syrupi papaveris, ℥j.
Mist. Camphoræ, ℥j.—M. Fiat haustus sexta vel octava quaque hora sumendus." 106.

Where colchicum is found to disagree, the Dover's powder may be substituted, in a saline draught at bed-time, or oftener if necessary.

In respect to Peruvian bark, as given in considerable doses throughout the fever of rheumatism, by Haygarth and others, Dr. S. does not speak favourably from his own experience.

Indeed, it is seldom now employed till remissions appear—and then the sulphate of quinine will generally be found superior.

Local Treatment. Considering the tendency which the rheumatic inflammation has to migrate, Dr. S. does not place much dependence on local applications—with the exception of leeches. "But, unless some one part is severely painful, I should avoid the inconvenience of this remedy; and, if general bleeding be not required, I am satisfied to place my confidence in the internal means of treatment." When the general fever has subsided, and the remaining rheumatic inflammation possesses more of a distinct local character, then Dr. S. recommends a lotion "composed of *two* parts of alcohol and *one* of mistura camphoræ, applied tepid, by means of several layers of linen, and over them a piece of oil silk." If there be no mistake in the above lotion, we must say that we should reverse the proportions of the ingredients—or rather, we should put one part of alcohol to three or four parts of the camphor mixture, both on account of economy, and being sufficiently evaporating, without being too stimulant.

In convalescence, Dr. S. recommends the quinine in well acidulated infusion of roses, with tincture of cinchona, to recruit the strength.

Metastasis. This is an important feature in acute rheumatism. Dr. S. says it is not of frequent, "but it is a possible occurrence." We think the expression might have been stronger. Our own observations teach us that the metastasis is much more frequently insidious, and consequently more liable to be overlooked, than is imagined. For many years past we have paid considerable attention to diseases of the heart; and, on minute inquiry, we have found that, in the majority of cases, there had been one or more attacks of acute or sub-acute rheumatism previously. There may be no direct metastasis at the time the acute rheumatism occurs—but the disease of the heart often steals on afterwards, without any other ostensible cause than the rheumatic diathesis. Be that as it may, the metastasis occasionally takes place in an obvious and unequivocal shape.

"There is not, probably, a more dangerous form of disease, than a sudden seizure of the heart during the inflammatory state of the system in acute rheumatism.

"The chief symptoms of this alarming malady are, a hard and rapid pulse, rather small than full, and sometimes attended with irregularity; the breathing hurried and anxious; palpitation of the heart, with occasional pain in its region; some cough; a distressed

countenance; beating of the carotids; the highest state of nervous irritability. The patient lies on his back, a little inclined to the left side, with his head raised, and dreads the least movement of the body; suffering at the same time great agitation of mind, and a restless desire of improving his position." 123.

Our author goes on to present an analytical digest of what has been written on the subject of rheumatic metastasis to the heart, beginning with Sir David Dundas's paper in the Medico-Chirurgical Transactions, and noticing the various accounts published by Baillie, Wells, Pitcairn, Odier, Corvisart, Burns, Forbes, Johnson, and particularly Laennec. In respect to the cause of this melancholy metastasis, our author may be said to be almost silent. For our own parts, we have had such direct evidence of the injurious effects of ultra-depletion, violent purgation, and warm-baths, in acute rheumatism, that we have no hesitation in placing to the account of these measures, many of the instances of metastases which have occurred, and do occur. One of the most formidable metastases which we have witnessed, occurred, early in the present year, in the person of a strong man who, in his first attack, after two or three profuse venesections, was put into a warm-bath, from whence he emerged with great relief to the pain and inflammation in the joints, but with the supervention, in a few hours, of raging delirium, and furious action of the heart. The cerebral irritation, or perhaps inflammation, required numerous leeches and ice to the head—sinapisms—and brisk purgation. The head was relieved; but the action of the heart continued violent and extremely irregular for many weeks, although the rheumatism returned to the joints, and harrassed the patient for a long time. There is still considerable functional derangement of the central organ of the circulation, and we apprehend that enlargement of the ventricular parietes is gradually taking place. We agree with Dr. Scudamore in the following passage.

"The state of the digestive organs, and of the functions of the liver especially, will require particular attention, as having a very material reflected influence on the disease of the heart. This fact is so remarkable, that, in some instances, the almost only useful treatment will be found to consist in those means which rectify the action of the liver, and the condition of the digestive viscera in general.

"Regimen and moral management comprise a very important branch of our method of cure. An abstemious diet, almost confined to milk and vegetables, or one of medium nutrition, between the extreme plan and the ordinary use of animal food, should be directed, according to the character of the symptoms, and to the particular

constitution of the patient. We should endeavour to support strength, and restrain action. Active exercise should be avoided, and airing in a carriage, open or closed, according to the season of the year, will be the most advisable mode of exercise." 145.

On the other metastases of rheumatism, as to the brain, diaphragm, eye, &c. Dr. Scudamore makes many judicious observations, but none such as to require particular notice in this place. Neither shall we stop to review the section on sub-acute rheumatism, but proceed to some cases in which metastasis occurred, and which are the most interesting in the volume.

Case 1. A gentleman, of irritable constitution, a bon vivant, and accustomed to great exercise, had enjoyed good health till the age of 48, when he was seized with acute rheumatism, (in the spring of 1823,) by which he was left weak, and affected with chronic symptoms. At the end of 18 months, he became seriously indisposed with palpitation and nervous irritability in the highest degree.

"Of the exquisitely sensitive state of the patient's mind, I am unable to give an adequate description. If he attempted to take rest in bed, he was soon disturbed in his sleep by horrid dreams, and awoke suddenly with the most immediate dread of dying. He would obtain some repose afterwards in an easy chair, reclining a little, with the legs supported." 247.

His brother had died of disease of the heart, and this circumstance did not add to the tranquillity of his mind. He had sense of weight, but not of pain, in the region of the heart, with frequent pains in the middle of the arms; pulse irregular, and 100; tongue creamy white; copious colourless sediment in the urine; clay-coloured motions; bloated countenance; great fulness of the abdomen, especially of the right hypochondrium. His habits of regimen were intemperate; he paid no attention to his bowels; hated medicine; and took much horse exercise. Dr. S. was not then acquainted with auscultation, but concluded that the cardiac symptoms were owing to "engorgement of the vessels of the liver, which was also torpid in its secreting functions." Dr. S. prescribed pil. hyd. gr. iij. ex. col. comp. gr. iv. lactucar. gr. iij. every night, and a light senna draught the succeeding morning. In the day, two draughts, (saline) with digitalis and hydrocyanic acid. This methodus medendi, added to the cheering hopes thrown into the scale by the Doctor, soon produced a wonderful amendment, and in six weeks the urgent symptoms had ceased. Brighton air and sulphate of quinine completed the cure.

It required no stethoscope, nor, indeed, any very critical acumen, to determine, in such a case as the above, that the disordered action of the heart, and all the nervous symptoms, were owing to repletion and bad secretions.

Case 2. This case is headed "*Metastasis of Disease to the Heart.*" A gentleman, aged 47, had suffered twice from acute rheumatism, with an interval of 18 years. The second attack preceded the cardiac symptoms about three months. Chronic rheumatism was left after this last acute attack, affecting the synovial membranes, the ligaments, and tendinous structure. These chronic symptoms continued for a considerable time after the invasion of the cardiac disease. "Certainly there was no *abrupt* cessation of the rheumatic disease, on the supervention of that of the heart, which could possibly be considered in the light of metastasis." Then why, we ask Dr. S. does he head the case "Metastasis of Disease to the Heart?" Here is evidently a contradiction of terms. But it is of little consequence whether we call it a metastasis, or an extension of disease from exterior structures to internal organs, provided we know the fact, that there is a connexion between the one disease and the other.

The disease of the heart, in this case, was tedious in its course. The limbs finally became anasarcous, and death closed the scene. The heart was found nearly double its natural size—the auriculo-ventricular valves greatly ossified—serous effusion in the pericardium and thorax.

Case 3. The heading of the last case might well be transferred to this, without any reservation in the body of the case. A youth of seventeen was attacked with acute rheumatism, characterised by sudden transference from one part to another. "Suddenly, and with an abatement, but not cessation of the rheumatic inflammation of the limbs, the patient was seized with symptoms of pericarditis." Notwithstanding the most active treatment, the patient was cut off in three days.

Upon examination, the fibrous layer of the pericardium was found partially adhering to the heart, by recently-formed portions of fibrine; and the bag of the pericardium contained a few ounces of turbid serum.

Case 4. This case, on the other hand, has little connexion with the subject under consideration, as it is evidently one of idiopathic aneurism of the heart and aorta.

A gentleman, aged 39 years, had fatigued himself with exercise on a very hot day, and then went into a cold cellar. He

was immediately taken ill, and lay twelve hours in a dangerous state—countenance cadaverously pale, lips and nails blue, and requiring strong stimulants "to avert fainting and keep on life." It was found that the intestines were greatly loaded, and by purgation, alteratives, and strict diet, he partially recovered. On taking quick exercise, however, he was subject to hurried respiration. In the autumn of the same year, after exercise, he was suddenly seized with syncope, and appeared to be dying. He was recovered by cordials, but these kinds of attack frequently returned afterwards. At the end of the following year, he was attacked with sub-acute rheumatism, chiefly affecting the muscles of the arm and chest. The cardiac symptoms became worse. Dr. S. found him with dark and unhealthy complexion—pulse remarkably dilated—respiration uncomfortable —indescribable sensations about the heart—palpitation and breathlessness on going up stairs, or on being mentally excited —various nervous symptoms, and great debility. The bowels and biliary secretion were carefully regulated, and the carbonate of iron was given. By these means his health was improved, and he could take a good deal of walking exercise without difficulty. But, in two months after this, the scene suddenly changed. He went to bed one night, "with very comfortable feelings," and slept calmly. He awoke in a few hours without agitation, turned on his right side, suddenly breathed with noise and difficulty, but not with stertor, and, in less than two minutes, expired.

The following were the appearances in the heart.

"It was very considerably increased in volume; there were firm and universal adhesions between the corresponding surfaces of the pericardium; the right auricle and ventricle were enlarged to twice their natural capacities; the edges of the tricuspid valve diseased; the left auricle and ventricle greatly enlarged, the former to twice, the latter to more than twice, its natural dimensions; edges of the mitral valve diseased; semilunar valves of the aorta thickened, with appearances of incipient ossification; this artery was very much enlarged, and its muscular coat was ruptured." 260.

The above case shows the insidious nature and deceptive phenomena of diseases of the heart. Auscultation would certainly have shown the existence of the cardiac aneurism, and would have led the medical practitioner to have put patient and friends on their guard respecting the ultimate result. Would carbonate of iron have been exhibited, had the real nature of the disease been known? It is true that tonics and stimulants will give (sometimes at least) temporary relief to

the nervous affections dependent on diseases of the heart; but we believe they generally accelerate the fatal result. Hypertrophia of the heart, or of any other organ, is but another name for *inordinate nutrition*, or morbid growth of the part. Is this likely to be checked or remedied by tonics or stimulants? In treating diseases of the heart, in particular, the physician ought to look to the nature and tendency of the organic lesion rather than to the morbid feelings of the patient. But, alas! he is too often compelled to attend to, and obviate these temporary and distressing phenomena, while the fatal *cause* is neglected!

Case 5. Metastasis to the Brain. A young lady, aged 15, of delicate constitution, had been labouring under acute rheumatism for a fortnight, in the upper and lower extremities. She complained suddenly one morning of severe pains in the head, the rheumatism still continuing in the limbs, without abatement. In the afternoon, Dr. S. found the patient in a comatose state. When roused, she observed that her limbs still ached, but her head was most in pain. The pulse was 130, and *small*—*countenance pale*—pupils greatly *contracted*—she appeared to be sinking. Leeches to the temples and forehead —blister to the neck—sinapisms to the feet. She died before midnight.

On dissection, considerable serous effusion was found between the arachnoid and pia mater, the vessels of the latter appearing turgid.

Remarks. We think it will be granted that, in the above case the symptoms indicated effusion rather than inflammation, the latter having passed. We therefore question the propriety of leeching under such circumstances. Had there been flushed face, ferretty eyes, delirium, and quick, hard pulse, the sanguineous evacuation would have been indicated unquestionably; but these phenomena did not obtain in the above case.

Dr. S. occupies the next 22 pages with cases of rheumatic metastasis, from the work of the younger Andral, recently published. But, as we shall review M. Andral's book, we need not stop to notice any of the cases on the present occasion.

Case 6. At page 289, there is a case given to the author by Sir Astley Cooper, and Dr. Young of Lambeth, some particulars of which we shall here record.

A gentleman, 60 years of age, stout and corpulent, of irritable constitution, and rather a free liver, not subject to gout and rheumatism, had suffered two years from stone in the

bladder. Such was the morbid sensibility of the parts, that the introduction of a bougie generally created much pain, as did the passage of the urine. It was agreed that lithotomy should be performed; but in a few days before the proposed operation, (the patient's mind being extremely anxious, and strongly impressed with the idea that it would prove fatal,) he was seized with rigors, head-ache, pain in the chest, and cough. The pulse was 96 and full, tongue white, skin hot and dry. There was also pain in the ankle of the left foot, but no external inflammation. The next night was passed in a restless manner—the pain had quitted the ankle, and was fixed in the knee, being very excruciating, and the part exceedingly sensible to the touch. The surface was shining—there was strong fever. On the third day, all the symptoms continued. On the fourth, the pain of the knee had become intense, with slight redness of the skin, pulse 120, general fever increased, abdomen tender. On the fifth day, (that fixed on for the operation,) all the symptoms were exasperated—vomiting supervened—the intellectual functions were deranged, and, after lingering a day or two longer, he died.

On examination of the body, the only morbid appearances were in the bladder and knee. The coats of the former were thickened, the inner surface highly vascular, the calculus, studded with small crystals, lay imbedded in mucus near the cervix. At the knee, a small abscess was discovered just below the inner condyle, occupying the bursæ of the tendons, whence a small quantity of pus escaped, mixed with a glairy fluid. "On passing a probe into the sac, it *might have been* carried into the joint." The cartilages covering the inner condyle had become ulcerated to the extent of a sixpenny piece. The synovial membrane was inflamed.

We agree with Dr. S. that there is no proof, or indeed probability, that this inflammation was of the rheumatic kind. The highly irritable state of the nervous system, connected with the dread of the operation, appears to have rendered the disease fatal under circumstances which, in a better constitution, would not have risked life.

CHRONIC RHEUMATISM.

We must entirely pass over the dissertation on subacute and chronic rheumatism, with the exception of a page or two, which we shall dedicate to the *treatment* of the latter malady.

General bleeding can hardly ever be necessary or proper in chronic rheumatism.

Sudorifics, in recent cases of the disease, especially when the lumbar and other muscles are affected, are often useful. The combination of volatile tincture of guaiacum, acetate of ammonia, and Dover's powder—or the vinum colchici joined with the two latter medicines, offers a good formula.

Whether as cause or effect, there is often disorder of the digestive organs in chronic rheumatism; and this disorder requires aperients and alteratives. In old and obstinate cases of chronic rheumatism, "a well-conducted mercurial course, so as to produce and keep up a very moderate ptyalism, will sometimes prove successful, after the failure of all other means." The vapour-bath will, of course, prove a powerful auxiliary to the mercurial remedy.

Arsenic, in moderate doses, and not too long continued, has often proved successful.

Bark alone has seldom appeared to our author to exert any anti-rheumatic quality. "But when administered in confirmed chronic cases, in union either with guaiacum, or with oil of turpentine, I have seen good effects produced." At the Mary-le-bone Dispensary, a mixture of decoction of bark with oil of turpentine is a standard remedy for chronic rheumatism. Unless colchicum produce relief in a few days, Dr. S. does not recommend its continuance.

"A course of sarsaparilla often proves useful in that kind of chronic rheumatism which is accompanied by general derangement of constitution, without the particular affection of any internal organ. We see that, as the health of the system improves, morbid irritability lessens, the flesh of the patient increases, his looks and strength improve, and, gradually, the rheumatic pains pass away. When the periosteum is affected, I have thought it advantageous to give the compound in preference to the simple decoction of sarsaparilla; but, invariably, I direct the use of the cortical part instead of the whole root." 370.

In respect to leeches, cupping, evaporating lotions, blisters, moxas, &c. the practitioner must be guided by the presence or absence of local inflammation in the parts. As a soothing application, our author recommends a plaster containing equal parts of emplastrum opii and cerat. saponis. The warm vapour, and sulphureous baths are well known remedial agents. The shower-bath, the temperature being gradually lowered to that of the atmosphere at the time, is a powerful remedy. Nor must we forget the magic cures performed by Mahomet, with his baths and shampooing. While Medea's cauldron is boiling at Brighton, what patient would remain encumbered with an old and crazy frame? Let him be dipped and well rubbed, and

he is sure to come out a new man! Bandages and Balfour are familiar associations in this complaint.

One hundred pages of the work are filled with *cases* of chronic rheumatism. This department might well have been curtailed—if not omitted in toto. Few medical men, we imagine, will read it.

Two other subjects remain to be noticed before we close this article. These are, neuralgia rheumatica, the principal form of which is sciatica—and neuralgia spasmodica, or tic douloureux. Dr. Scudamore has detailed many cases of sciatica, as illustrating his ideas respecting the treatment of the disease. These we shall pass over. His methodus medendi will be sufficiently appreciated from the following extract.

"When the nervous system is in a state of great irritation, and the pain of the disease excessive, the anodyne treatment is the most desirable to be tried; it being always a point of attention, at the same time, to regulate the digestive functions and the action of the bowels. If opium in any form should disagree with the patient, conium is usually the most useful substitute.

"Liquor arsenicalis sometimes exerts a specific power over rheumatic neuralgia, but should be given with caution, and not be very long continued.

"Oil of turpentine alone, or joined either with the vinum colchici or the extract from the acetum colchici, sometimes proves successful.

"In one instance, I saw remarkable relief afforded in sciatica by vinum colchici alone; but, for the most part, colchicum has not appeared to be permanently beneficial in this complaint In the same proportion that sciatica has been associated with error of the biliary system and digestive organs generally; alteratives, aperients, and regulated diet, have produced both palliative and curative effects.

"When the nervous system has been universally in a state of debility, subcarbonate of iron has been useful; but has rarely, in my experience, appeared to possess a specific power in neuralgia rheumatica.

"I have the same observation to make on the properties of the sulphate of quinine.

"The regular use of white mustard seed has, in some instances under my observation, been useful.

"The warm bath may prove useful on general principles of treatment, but does not in a direct manner relieve sciatica.

"A douche of vapor is much more effectual in relieving the affected branches of nerves.

"The Buxton bath is less efficacious in the treatment of sciatica than of the other forms of rheumatism. The shower bath, employed in the advanced stage of convalescence, is a valuable remedy, and in its tonic influence on the whole system exerts a useful control over the affected nerve.

" When there is evident sign of inflammatory action in the nerve or contiguous parts, the abstraction of blood by means of cupping or leeches will be proper. When the affected nerve lies near the surface, leeches are to be preferred. It usually happens in sciatica that, notwithstanding there may be increased vascular action affecting the nerve, it is not of the kind which receives relief from depletion of the blood vessels; and blisters prove more serviceable.

" But in order to obtain decided benefit from the application of blisters, several should be applied in succession, with such frequency as the state of the parts may allow; and this mode I have found more successful than the keeping up ulceration by irritating ointments. When the nerve is affected in different parts of the limb, the situation for the application of the blister should be varied. It sometimes happens that a first or even a second blister does not appear useful, and may even cause an increase of painful irritation; and yet, by perseverance, material benefit is eventually obtained.

" I have not seen any good effects obtained from the employment of tartar emetic ointment in this complaint.

" In one case I saw great benefit produced by rubbing in camphorated mercurial ointment along the course of the affected nerve.

" In acute sciatica, stimulating liniments and friction are hurtful; and, by the converse principle, narcotic applications, as the belladonna fomentation, or plaster, or opium plaster, mentioned in this Treatise, prove soothing and useful.

" In chronic sciatica, and in proportion as there appears to be a deficiency of nervous energy, shown by remarkable coldness of the limb, and weakness of the muscles, friction and stimulating liniments, oils, or substances in the form of powder,* have a useful influence. When such means fail, a douche of hot water should be tried, and which may be rendered more powerful by impregnation with sulphuretted hydrogen gas, as explained at page 385.

" On the same principle of exciting action, electricity will be proper.

" The support of a roller from the foot upwards usually affords comfort and benefit. In cold weather it should consist of flannel; and, if the nerve be affected near its origin, and especially if lumbago be joined with the sciatica, it is advantageous to extend the roller firmly around the loins." 542.

NEURALGIA SPASMODICA.

Dr. Scudamore adopts this term from Dr. Kerrison, whose inaugural dissertation, in 1820, was founded on the subject of tic douloureux. We doubt whether "the term neur. spasm. is more descriptive and classical" than the French appellation. Spasm is an involuntary contraction of a *muscle*; whereas the

* " As, for example, a mixture of flour of mustard, salt, and black or even Cayenne pepper."

disease under consideration has no necessary connexion with muscular contraction. Indeed the worst forms of the disease are unaccompanied by spasm, or any other action of the muscles, except what may be occasioned by the pain of the nerve.

Dr. S. bears testimony to the value of carbonate of iron, first introduced by Mr. Hutchinson, though he is obliged to relate cases of its failure. We can hardly expect an universal remedy for any disease, even of the most trifling nature, much less for one like tic douloureux.

Dr. S. as usual, gives the description of the complaint in the form of cases. Of these we shall only notice one, as being singularly severe and indomitable.

Case. A gentleman, aged 55, robust and plethoric—and, before the invasion of this disease, of a most healthy appearance, was subject to occasional attacks of regular gout from the age of 43. He first felt the tic in his right eye, while getting into his carriage, and fancied that the coachman's whip had accidentally touched the eye. He had been three years ill when Dr. S. came to attend him. It was the first case he had ever seen.

"He represented the nature of the pain in these various descriptions—as if stabbed in the eye by a sharp instrument; as if hot needles were suddenly forced into the globe; in the short sleeps which occasional intervals from severe pain allowed at night, he would dream that some one was digging out the eye; and this was the prelude to awaking suddenly in agony.

"Always at the instant of the tic the body was thrown into violent contortion: the breath suspended, with manifest efforts of fortitude and resistance; he experienced the instantaneous sensation of a flash of fire; a suffusion of deep red overspread the cheek and forehead; tears and mucus flowed copiously from the eyes. Membranous ophthalmia was a very troublesome part of the complaint. Sometimes the inflamed and swollen under lid was inverted, sometimes everted. There was great tenderness of the scalp.

"Mastication of any solid food was frequently rendered impossible, from the dread of its being instantly followed by a paroxysm Even speaking was often avoided for the same reason.

"All the branches of the fifth pair of nerves were affected at different periods; but in and about the eye, the greatest intensity of pain prevailed. The portio dura of the seventh pair was also affected.

"During the day, the interval between the paroxysms seldom exceeded a quarter of an hour; and often was not longer than two minutes. For the most part, the pulse and the natural functions did not deviate materially from a state of health; although occasionally there was great constitutional disturbance, either from the exces-

sive irritation produced by pain or accidental causes, or from the influence of strong medicines tried in the way of experiment." 554.

It is to be lamented that, in this dreadful case, every remedy, including the subcarbonate of iron, completely failed. Several branches of nerves were cut, but to no purpose:—Indeed the disease was rather aggravated, as, on the day after the operation, "the patient complained of a horrid sensation, as if the eye were bursting." About five years from the commencement of these sufferings, this unfortunate gentleman was suddenly released from his miseries by an apoplectic seizure.

It is to be regretted that the dissection was by no means properly made, or sufficiently prosecuted. No examination was made of the state of the affected nerves, or their bony foramina. In the falciform process of the dura mater, at a little distance from the crista galli, a small ossification was found, about a line in thickness, and three in length. The tunica arachnoides slightly adhered to the dura mater, and the pia mater showed marks of preceding inflammation. There was softening of the brain, and some water in the ventricles.

In the remainder of this section, we find no light attempted to be thrown on the nature or treatment of this terrible malady. We do not wonder at this, since it is evident that we are completely in the dark as to its pathology. Here our analysis must end. We think Dr. Scudamore would have consulted the interest of the profession more, and perhaps his own, if he had omitted a great majority of the cases, and thus compressed the volume into one third its present size. By that plan the work would have had five times the circulation which it will now have, and done much more good. We have given such ample specimens of the work, that our readers will be quite as capable of appreciating its merits as we are. It contains a great body of useful and practical information, though certainly nothing very original or novel in its views of the disease, whether pathological or therapeutical. Still it is the best monograph on the subject of rheumatism which we possess in the English language.

IV.

Principles of Medical Science and Practice. By HARDWICKE SHUTE, M. D. Physician to the General Infirmary, and to the County and City Lunatic Asylum, Gloucester. Vol. I. Physiology. Octavo, pp. 565. 1824.—Vol. II. Pathology. Octavo, pp. 604. 1826. London and Gloucester.

THE objects of this work are, to use the author's own language, to give a systematic view of the actions of the body in health and disease; to trace these actions to their causes and effects; to ascertain in what manner the healthy action of one organ contributes to the healthy action of another, the diseased action of one organ to the diseased action of another, and the diseased action of one organ to the healthy action of another; to point out the connexion between the natural and artificial cure of diseases, and from this connexion to deduce certain principles, which may impart rationality to our practice, and unite the experience of empiricism with the theory of science.

"The fair, candid, and manly criticism* of a mind anxious only to promote the cause of science, and of medical science in particular, is the great bulwark of our profession. To such criticism I most willingly submit opinions, which, if correct, ought not to be hoarded, and which, if proved to be erroneous shall be abandoned. Having fully stated my case, and having ascertained the objections which will be made by my learned friend on the other side of the question, I shall avail myself of the privilege of the Bar, and offer some observations in reply; but such reply will be purposely delayed until *the whole of these objections* can be concentrated into a tangible form, and subjected, in their turn, to the ordeal of criticism."—*Preface, p.* v.

We present our readers with the following extract, which is a summary of the author's physiological opinions, and that we may not weaken their effect, we shall abstain from all comment.

"Life is a certain unknown principle superadded to organization, wholly independent of matter for its existence, but altogether dependent upon matter for its union with the body. The only function of life is to preserve the organization of matter. Life and living action are not the same things, the former being independent of matter for its existence, the latter being a property of matter itself; the agency of the former being to counteract, and of the latter to

* Dr. Shute, like all young and unpractised writers, is anxious to multiply epithets. He should have recollected that whatever is fair must be candid; and that every thing which is manly, pre-supposes, as an inevitable consequence, fairness and candour. Can criticism be manly when it is neither fair nor candid?—*Rev.*

promote, a change in the organization of matter. All living action is motion—all living action is dependent upon, and regulated by, the state of the organization. The immediate stimulus to every action is a change in the relative situation of the organic particles. Some organs, as the voluntary muscles, are always in a state of tension, and, therefore, always possess the stimulus to action in themselves. The action itself is a counteracting change in the relative situation of the organic particles, by which the effect of the stimulus is counteracted, and the organic particles contract upon themselves. The power of an organ is that property upon which the counteracting change or re-action is dependent, and corresponds with the nature of the organization. The immediate effect of living action is to accelerate the disorganization of the body, and more particularly the expenditure of the aerial influence; but the support and renewal of the organization are the effects of the combined actions of the system. Thus the action of an individual organ leads to its own disorganization, but at the same time contributes to the support of the organization generally. The action of the stomach, for instance, has a tendency to destroy its own organization, but at the same time produces that change in the food, which renders it capable of being assimilated with the system generally, or with itself individually through the medium of other organs. The action of the heart, in its immediate effect, has a tendency to destroy its organization, but at the same time gives an impulse to the blood, by which that fluid is sent to the system generally, and to itself individually, for the purpose of being assimilated with the body through the medium of other organs; and thus the action of an organ contributes, at the same time, to the organization and to the disorganization of its own structure. A constant change in the organization of matter is the effect of this law, which is peculiar to the living system, which defies all imitation, and which has *ignorantly* been attributed to chance. The actions of the body may be arranged according to their *effects*, and reduced to three classes; the locomotive, the digestive, and the sensitive functions. The air may be considered as the food of the body; it must be digested and assimilated with the system, before it can answer the purposes of the animal economy; it is, when digested, the principle upon which living action is more immediately dependent; when united with the blood it constitutes the arterial influence; and when accumulated in the nervous system, is denominated the nervous influence; it is accumulated in the nervous system, for the purpose of contributing to the support of living organization and action, according to the will or to the necessities of the animal; it is the source of animal heat, not in consequence of the change which it undergoes in the lungs, but of the change which it undergoes in every part of the system; it contributes to the support of corporeal and mental action, by supporting the irritability both of the body and of the mind. The nervous system may be regarded as a secondary circulating system, by which the arterial influence is conveyed to the several organs of the body. The ganglia, spinal marrow, and brain, may be considered as

so many reservoirs of the arterial influence. The action of nerves and of arteries appears to be the same. Nerves are not the *exclusive* organs of sensation. The brain is the organ of the mind indirectly; it contributes to the support of mental action, in the same manner as nerves contribute to the support of voluntary motion; and, lastly, the action of the nervous system is always from the brain to the extremities of nerves, and *never* from the extremities of nerves to the brain."—*Vol.* I. *p.* 561.

We are now to introduce Dr. Shute as a pathologist. With him we hope "ambition is virtue;" for while men, whose minds will be the light of other ages, are content to be, according to their genius and studies, either physiologists or pathologists, he aspires to be both, and, Cæsar-like, must be every thing, or nothing.*

"We presume, therefore, that all fevers originate in inordinate or excessive atmospherical expenditure—that all fevers depend upon an exhausted state of the brain—that all fevers are attended with inordinate determination of the nervous influence to the capillary extremities—that in all fevers, the action of the capillary extremities, supported by the inordinate determination of the nervous influence to these organs, is superior to that of the heart—that in all fevers, the heart is in a state of debility, its increased action being dependent on an increased supply of its stimulus, and regulated by the action of the capillary extremities—that all fevers are attended with an *irregular* distribution of the nervous influence, the increased action of the vascular system (evidently a salutary process) being supported at the expense of other functions, which are not so immediately necessary to life—that the objects of re-action are, in all fevers, increased determination of venous or de-oxygenated blood to the lungs, (for the purpose of acquiring, in greater quantity, that which had been inordinately expended,) and of arterial or oxygenated blood to the brain, the latter process taking place, for the purpose of restoring the brain to its healthy standard of accumulation, and of removing that state of nervous or atmospherical exhaustion, which had been the immediate cause of the febrile reaction—and, finally, that there is reason to suppose, that the duration of all fevers is immediately regulated by the state of the brain, such fevers originating in exhaustion of the brain, and ceasing with the healthy accumulation of the atmospherical principle in that organ."—*Vol.* II. *p.* 328.

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* The author should ponder on the fate of Boerhaave. "There never was a man, perhaps, more followed and admired in physiology than Boerhaave. I remember the veneration he was held in; and now, in the space of forty years, his physiology is—it shocks me to think in what light it appears."—*Dr. Hunter's Introductory Lecture, p.* 98.

Boerhaave was also thought a great pathologist, yet so fleeting is human distinction, and so true it is that whatsoever is false must inevitably perish, his pathology and physiology lie in a common grave, scarcely known, and, when known, disregarded.—*Rev.*

Yet a little while, and we relinquish the pen; but solicitous, for reasons which will soon be apparent, to do the author justice, even to a Roman strictness, we must indulge in two short extracts.

"We have evidence of inordinate action, and, therefore, of inordinate atmospherical expenditure, in all cases of hectic fever. If the action of a part be excessive, a supply of the atmospherical principle, equal to the expenditure, can only be acquired by the inordinate excitement of *inflammatory* fever; if, however, the expenditure be moderate, but still exceeding the natural and ordinary supply, the action of the heart and arteries (kept up, as in other fevers, by inordinate determination of the nervous influence to the capillary extremities) will be increased in the ratio of the modified difference between the expenditure and the supply. *Hectic*, according to this view of the subject, is a modification of inflammatory fever. *Such* inflammatory fever may continue for months without exhaustion of the system, because the expenditure and the supply are nearly balanced; so nearly balanced, indeed, that in the natural period of accumulation, I mean in the period of natural repose, the supply not unfrequently exceeds the expenditure. Hence the morning remissions of hectic fever, which, indeed, are often so considerable, as to have induced some writers to denominate hectic 'an irregular intermittent.' "—*Vol.* II. *p.* 330.

"In our observations upon fever we had occasion to remark, that there are three distinct kinds of debility connected with different states of the cerebral organ; a debility of cerebral exhaustion, the power of directing the nervous influence to the support of febrile re-action remaining; a debility of cerebral exhaustion, such power being lost; a debility of cerebral accumulation, the power remaining, but not exerted, because unnecessary. This distinction is the key to our general principles, and by it we shall endeavour to solve the difficulties, and explain the phenomena of constitutional affections, that is to say, of febrile, paralytic, and spasmodic diseases." *Vol.* II. *p.* 448.

That Dr. Shute is a respectable physician, and that he is eminently useful in the station which he fills, we entertain no doubt; and that he is attached to his profession, and possesses considerable ability, we are well convinced from an attentive perusal of his work. We wish we could stop here, but it is impossible without violating truth:—we are the unqualified opponents of his new system of physiology and pathology; we differ with him *toto cælo;* we consider his opinions to be fanciful, unplausible, unsound, and altogether untenable. In accordance with the sentiments expressed in the preface, Dr. Shute may call on us to refute his numerous and extraordinary opinions; opinions advanced without proof, explained without perspicuity, and advocated in utter defiance of all true logic. Admitting, however, that we were willing to enter the lists,

yet, scattered as these opinions are over nearly twelve hundred pages, what just excuse could we offer to our readers for such an employment of time and space? If, indeed, his physiological and pathological opinions were of general currency; if he himself were well known to Fame; if they were exercising a pernicious influence over the minds of men, then would it be a duty, though certainly not a pleasure, to examine them, and in examining them, to expose their fallacy. But here circumstances are very different; no duty urges us; no inclinations lead us: and we thank God they do not, since it is, at all times, unpleasant to hold the mirror of critical truth before an author's eyes, to display him there unto himself in all his weakness; to strive to dispel illusions which have been long and fondly cherished, and to attempt to dispossess him of that self-partiality which has been the bane of thousands.

V.

On the Treatment of the more protracted Cases of Indigestion. By A. P. W. PHILIP, M.D. F.R.S.L. & Ed. being an Appendix to his Treatise on Indigestion. Octavo, pp. 86. Underwoods, London, 1827.

EVERY hobby-horse has had his day, and performed his journey, whether long or short. Most of them have foundered in a very brief space of time—and the longest-lived have done little more than "point a moral or adorn a tale." There is, however, one exception. "The digestive organs" have furnished materials for a doctrine which seems to gather strength by time, and literally like the snow-ball—

Vires acquirit eundo.

Not only have medical men become convinced that the stomach is the great thoroughfare for the *causes* of disease, but the community at large begin to perceive that "there is death in the pot"—and that the stomach is the grand laboratory of human maladies, which radiate thence to all parts of the corporeal fabric, and even to the mind itself. This doctrine is founded in reason as well as observation. Most other animals are limited in their appetites to a particular species of food—and instinct never sleeps. They never deviate from the dictates of their monitor, or rather their inflexible director. But man has been permitted to range through all the products of the earth, seas, and skies, with only REASON to control appetite and passion. How weak is the former against the latter, every individual can tell from his own experience! Most of the human passions however have only a temporary sway;—but the appetite for table

pleasures commences with our first, and only ends with our last breath. The indulgences in food and drink must ever prove a fruitful source of derangement, then, for the digestive organs; but the cultivation of the intellect, and the habits, manners, and refinements of civilized life, have opened a flood-gate of morbific agents, infinitely more numerous and powerful than all the poisons concealed in our kitchens and cellars. These moral causes of gastric derangement have been greatly underrated, though never entirely overlooked, by physicians and physiologists. This branch of etiology is now, however, attracting considerable attention, not only among medical men, but also among the well-informed classes of society at large, and we augur much improvement from the spirit of inquiry and the spread of knowledge which must thence result.

With the exception of Mr. Abernethy, no man has been so successful in attracting public attention to the class of complaints now under consideration, as Dr. Philip. His work on Indigestion has run through five or six editions in the course of a few years—and, therefore, if human ambition and thirst for fame and fortune can, in this world, be satiated, Dr. Philip ought to be content. The appearance of an *Appendix* to a *fifth edition* published little more than a year previously, is a circumstance capable of giving rise to curious conjectures. Dr. Philip informs us that, "at the time the last three editions were published, other avocations prevented my making the additions which *had* occurred to me, and they are now so considerable, that I think it would not be fair towards the great number of people who possess the Treatise, to make them in the ensuing edition." It is fortunate for humanity that greater leisure on the part of the author, and a more tardy evolution of the last edition of the Treatise, have stimulated Dr. Philip to send forth, in a separate work, that which had lain idle by him, while editing three former editions. As the holders of these three editions, however, might have possessed all these valuable accumulations of experience, during the last three or four years, they may be disposed to complain that the author was "a spoiled child of fortune," who did not consult their interests while "other avocations" stood in the way. We have heard some shrewd critics observe, that the following passage disclosed a key to the exertion of breaking through all "other avocations," in order to favour the world with the accumulated knowledge.

"I think it right to observe here, that since the last edition of my Treatise was published, two highly respectable physicians, in works* embracing many of the same topics, have made observations on it, to which I conceive it equally due to the public and myself, that some reply should be made; and I shall here take an opportunity of replying to these gentlemen in a few words before I enter on the proper subject of this appendix." 2.

Dr. Philip's reclamations are couched in the most mild, liberal, and

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"* *A Treatise on Diet*, &c. by Dr. Paris; and *An Essay on Morbid Sensibility of the Stomach and Bowels*, &c. by Dr. James Johnson."

gentleman-like style—forming a striking contrast with that bullying, defamatory, and, we had almost said, blackguard language, which has lately been introduced into medical literature, and threatens to place the medical character, in the eyes of the public, on a level with that which it obtains in Spain—where the lowest mechanic would think himself disgraced by the marriage of a son or daughter with the daughter or son of a physician or surgeon! It behoves medical writers and medical readers to ponder on these things, ere it be too late—and to reflect that they belong to a profession which has been termed liberal, and is still supposed to be enlightened. It is quite impossible that these terms can continue long to be applied by a public which witnesses, with astonishment, the degrading scenes which every day occur in what *used to be* called medical literature, but which now more resembles the sanguinary conflicts of gladiators, than the sober discussions of science.

It can no longer be said of medical science that—

"Emollit mores, nec sinit esse feros;"

on the contrary, the ferocious epidemic which has lately pervaded a portion of medical society, appears, like Circe's wand, to have transformed men into brutes! It is to be hoped that the good sense of Englishmen will ultimately repress this terrible revolution in the manners and conduct of medical men.

But to return from this digression. The criticisms of Drs. Paris and Johnson, and the reply of Dr. Philip, are now fairly before the profession, in the respective works of these gentlemen, and, God forbid that we should attempt to judge between the parties. In the present article we shall confine ourselves to the subject matter before us, interweaving occasional observations as we pass along.

Dr. Philip's additions to his Treatise, as contained in this Appendix, are thrown into the form of short dissertations, arranged in such a way as to preserve the connexion of the whole on the different points of most importance in practice.

1. EXAMINATION BY PRESSURE.

Dr. P. is every year more sensible of the importance of this species of examination in dyspeptic affections. The portion of duodenum to which he particularly directs his attention, "lies several inches lower than the pylorus," and the examination should be made in the erect posture, since in the recumbent position "the viscera fall away from the hand, and it is impossible to judge of their state with the same accuracy."

"While the region of the pylorus is always tender on pressure in the second stage of Indigestion, that of the duodenum is only occasionally so: but the latter is often affected in other ways, an attention to which is of great consequence in conducting the treatment in protracted cases. Pressure on the part of the duodenum just pointed out, in such cases, at the same time that it occasions tenderness, or when it has no degree of this effect, almost always occasions a greater sense of oppression, and more affects the

state of the breathing than pressure on the left side. If the pressure be made on the corresponding places, and with the same degree of force on both sides, the patient will almost always tell you that the left side feels more free than the right, and that there is something in the latter which gives him a sense of obstruction. A difference also is always evident to the hand of a person who has been at all in the habit of making this examination. The right side feels fuller and firmer; and if he tries to press the fingers under the ribs in the two sides, he will feel a sensible difference in the ease with which this is done." 10.

Dr. Philip will not allow that the presence of the liver in the right side can make any difference in the degree of fulness on that side, because "in a healthy subject, the liver lies wholly under the false ribs." Putting aside the frequency of congestion, and consequently some degree of extra fulness in the liver, we would beg to draw Dr. Philip's attention to the circumstance of the transverse arch of the colon which passes immediately under the liver. Now when this gut is loaded, which is very often the case, that portion of it which is immediately under the liver is more bulged out than the left portion of the transverse arch, which has no large and solid organ behind it to prevent its recession. We have, times out of number, ascertained that the loaded colon was the cause of fulness in the right side of the epigastrium, and seen this fulness disperse by some brisk aperient medicine. While we are ready to grant, therefore, that, in a perfectly healthy subject, with moderate sized liver and empty bowels, there is little difference in the appearance of the two sides, yet we do maintain that in three cases out of four, where a difference is perceptible, the fulness of the right side is owing either to a congested and enlarged state of the liver, or to accumulations in the colon. If we are right in this statement, and we appeal to practical men as to this point, then it will be evident that Dr. Philip's conclusions in regard to the state of the duodenum, will be often fallacious.

"Where any decided difference can be perceived between the two sides examined in the ways just pointed out, it is always the effect of disease. The sense of oppression, which arises from pressure on the region of the duodenum, evidently depends on this intestine *not freely discharging its contents*, for the distention perceived by the hand is in the seat of that intestine, and in recent cases may for the time be removed by a brisk dose of calomel. A hand accustomed to make the examination can at once determine to what extent the intestine is distended.

"I have of late years regarded the degree of this distention as the best measure of the degree in which the digestive organs are deranged, and it has seldom deceived me. The patient's sufferings are proportioned to the irritability of his nerves, as well as to the degree of his complaint, and therefore are not a correct measure of its degree. When the region of the pylorus is tender, we know that the second stage has commenced; *that a general inflammatory tendency, greater or less in proportion to that tenderness, prevails in the system, the removal of which is necessary to recovery. When this tenderness has extended to the region of the duodenum, we know that the affection of the pylorus has extended to it;* but this is not merely proportioned to the degree in which the digestive organs are deranged, but to that and the degree of inflammatory tendency in the particular constitution. The difficulty with which the duodenum empties itself, on the other hand, very accurately tells us the degree of langour which prevails in the digestive organs, which, compared with the other circumstances of the case, more or less regulates all

our means; and so constant a symptom of protracted digestion is morbid distention of the duodenum, that, without saying a single word to the patient, the physician may generally know, by laying his hand on the region of this intestine, even on the outside of the clothes, whether the case be recent or not." 13.

Here then we have it assumed, nay, asserted, that the tenderness in the right side depends on fulness of the duodenum—that this fulness depends on the inability of the bowel to empty itself—and that this inability to discharge its contents depends on inflammation.

Dr. P. will readily admit that the seat of his assumed inflammation is the mucous membrane of the pylorus, duodenum, or other portion of bowel, and if so, on what foundation does he erect his doctrine of distention from inability of the organ to empty itself? When the mucous membrane of the stomach is inflamed, does that organ suffer itself to be inordinately distended? No, verily. If the mucous membrane of the colon or ileum be inflamed, do these intestines become incapable of freeing themselves? No, indeed. They are so morbidly sensible, that they will not permit the fæcal remains to stay the usual time in contact with their surface, but are constantly ejecting them, as we see familiarly exemplified in dysentery. If the bladder be inflamed, does it become distended, from the accumulation of urine? No. It will not permit the presence of the urine. But the duodenum is not to participate in the nature of other hollow viscera of similar structure and function; nor is it to be amenable to the same general laws. This, unquestionably, is a discovery.

But again. This difficulty with which the duodenum empties itself, "very accurately tells us the *degree of langour* which prevails in the digestive organs." And what are the remedies for this *langour?* Leeches, blue pill, compound powder of ipecacuan, and nitrate of potash!

It appears to us, that Dr. Philip has entangled himself in this maze of incongruity by the tenacity with which he clings to the doctrine that the second stage of indigestion is *necessarily* dependent on inflammation. An experience as great as his, and far more personal, has long ago convinced us that this epigastric tenderness is by no means a criterion of inflammatory action, since it is often greater at an early than at an advanced stage of the disease—since it is often greater when the stomach is empty than after eating—since it is often relieved by stimulants—and finally, because *irritation* explains the phenomena better than *inflammation*..

And what, we may ask, are the *post mortem* proofs which Dr. Philip offers as to the inflammatory nature of indigestion, as the cause of epigastric tenderness? The first is, that this said chronic inflammation "very rarely, if ever, leads to any thing like organic disease of that part"—and secondly, that "when other fatal diseases give us an opportunity of examining the pylorus in the second stage of the disease, as I have often witnessed, it is found redder than usual: but even where, from long continued *irritation*, I have found

its *surface abraded*, I have never seen any thing like organic disease in it in common cases of indigestion." *Appendix*, p. 13.

Here Dr. Philip admits more than we should think it safe to claim—the possibility of *irritation* producing *abrasion of surface*. But surely if it be capable of effecting such a condition, it may well be allowed to produce tenderness on pressure in epigastrio.

Whether Dr. Philip has kept pace with the progress of pathological anatomy, we cannot say; but certainly we were not a little surprised to find a mere plus or minus of colour in an organ adduced as the proof—the *only proof* of inflammation, in the *second* stage of a chronic complaint. As for the alleged fact that chronic inflammation, in the second stage of indigestion, never produces organic disease in the part itself, but always in some part at a distance, it is not only a *petitio principii*, but it is contrary to the most direct evidence. We need only refer to the post mortem investigations of Andral, for abundant proofs of this position. If there be any one principle in pathology which is better established than all others, it is this:—that chronic inflammation does frequently lead to organic disease, in *all* structures, without any exception of the stomach or duodenum. When, therefore, we find that, after years of dyspepsia, a disorganization takes place in the brain, or the heart, or the lungs, without leaving any trace of chronic inflammation in the stomach, we have a right to conclude, that it was chronic irritation, or irritability of the gastric nerves, with loss of digestive power, which had existed during the long period anterior to the organic disease at a distance. On what possible grounds, pathological, anological, or semeiological, can Dr. Philip attempt to uphold the doctrine that the stomach has an exemption from the fate of all other structures affected with chronic inflammation? What proof, what probability is there, that this viscus alone—and in *one disease* alone, should be capable of bearing chronic inflammation for years, and "rarely or never" become changed in structure itself? The doctrine is so wild and chimerical, that we are really astonished how a man like Dr. Philip should endeavour to support it.

Dr. Philip observes that "as soon as the weakness of the stomach has spread to the liver, a bile of less active properties begins to be secreted, and in the same proportion the action of the first intestine, where the aliment is mixed with this fluid, *begins to languish*, and dyspeptics often for months, or *even years*, have constantly an accumulation in this intestine of what ought to be discharged."

Here, then, we have a new version of the duodenal distention, the epigastric fulness, and the tenderness on pressure. The inflammation is forgotten, and the distention depends on the *insipid* bile from a *weakened* liver. There never was a more prolific brain than that of Dr. Philip. There is little doubt but he could find three or four more explanations and causes for the above phenomena. The worst of it is, that all is mere hypothesis—not the shadow of a proof is attempted. That the bile is sometimes insipid, we have great reason to believe, from the appearance and want of smell in the motions; but we will venture to assert that, for one in-

stance of this kind, there are five in which the bile is vitiated and acrid in character. The colour, the intolerable fetor, and the indescribable sensations produced by such bile, bear testimony to its freedom from all charge of insipidity. But the fact is, Dr. Philip never experienced dyspepsia in his own person, (and may the Lord preserve him from this horrible fiend,) consequently he has drawn a good deal on his imagination, or he has misinterpreted the descriptions of his patients—and no wonder he should; for very few are capable of describing the sensations attendant on depraved secretions passing over a long track of supersensitive mucous membrane!

"When the duodenum is habitually loaded, no ordinary cathartic will relieve it. It passes through it, leaving the greater part of its contents behind. I have just had occasion to remark that, in the more recent cases, it may generally be emptied by a brisk dose of calomel; but the accumulation soon forms again, and is only to be permanently prevented and the patient restored to health by such means as produce a bile of healthy properties. When this is effected, the duodenum, without any sensible effect of the means employed, empties itself regularly, and in nineteen cases out of twenty, the symptoms which had so long harrassed the patient then disappear, one among other proofs that the load on the *delicate nerves of this bowel is the chief source of such symptoms.*" 15.

Of the morbidly sensible state of the duodenal nerves, we are well convinced: but we should have been much pleased to have seen Dr. P. adduce any proofs of this long-continued accumulation in an organ, whose nerves are in a condition of such inordinate irritability. All the phenomena of epigastric, or rather duodenal tenderness may be far more plausibly accounted for, by the irritable state of the nerves, and the vitiated secretion from the liver, than by this perennial accumulation which is supposed to obtain in the first intestine.

Dr. Philip observes that the tenderness sometimes extends across the epigastric region, and is occasionally found to be greatest on the left side. Dr. P. does not speak of *pain*, since this last "is usual in the most common bilious attacks, and indeed in all cases of indigestion," but it is unaccompanied by tenderness. This *pain*, Dr. P. considers as sympathetic, and of little consequence. "But the case is very different when the *tenderness* has extended across the region of the stomach, or is confined to the left part of it, of which, as of its existence when confined to its more common seat, the patient is never aware, till accident or the physician points it out." In all such cases, Dr. Philip has found the complaint particularly obstinate.

The alterative plan of treatment, so effectual in common cases, is here of little avail, with the exception of the more direct means of relieving the inflammatory tendency. Mercurials have often appeared nearly useless, or even prejudicial. The following passage contains Dr. P's attempt to fix the seat and cause of this tenderness.

"I have no doubt, both from the course the disease has taken in various instances, and from the result of dissections, that the extension of the tenderness towards the left side, or its original seat in that side, in different cases depends on different causes, all of which are more unfavourable than the circumstances which cause its existence in the region of the pylorus and duodenum. When it arises from an affection of the spleen, it is generally easily distinguished by the enlargement of this viscus. The same may be said of the enlargement of the left lobe of the liver, which is always the part of this organ most affected in indigestion, for a reason explained in my Treatise on that disease. When it happens, it is generally in those who have suffered from sultry climates, or the use of intoxicating liquors; but pretty extensive observation has convinced me, that neither of these is the most common cause of the symptom we are considering.

I believe one of its most common causes, and perhaps its most favourable cause when it proves permanent, is the state of the pylorus extending to other parts of the stomach. It is not uncommon in dissection to find many parts of the surface of the stomach redder than they ought to be, in short, pretty much in the same state in which the pylorus is more frequently found.

Sometimes, though fortunately very rarely, there is a tendency to organic disease in the great end of the stomach, which I have seen much thickened and indurated. When this happens, the hardness may be felt externally. But it requires a good deal of caution to ascertain its seat. It may, even by the most experienced, be mistaken for the left lobe of the liver in a diseased state, and extending to the left side. The best means of distinguishing these affections, is finding that the hand sinks into the soft parts between the tumour and the seat of the liver.

It is still more difficult to distinguish it from affections of the part of the colon which lies nearest this part of the stomach. I have had reason in many cases to think that the extension of the tenderness across the epigastric region has arisen from an affection of this bowel." 19.

With the passage which we have marked in italics, we perfectly agree: and of the difficulty of distinguishing between tenderness of the duodenum and colon, we are quite aware. If there was a glass door in the epigastric region, through which the hand could be assisted by the eye, we think Dr. Philip would be still more sensible of the difficulty of diagnosis than he now is.

"The best means of distinguishing affections of the stomach from those of the colon are, the digestive process in the latter cases being better performed, the state of the bile less disordered, the patient not experiencing the increase of uneasiness which often comes on after meals for a considerable time after eating, and often experiencing more or less pain, or some other uneasiness, in the region of the stomach a short time before the bowels are moved, and more or less relief soon after their action. The general health also suffers less in proportion to the severity of the symptoms than when the stomach is affected.

These observations, however, apply chiefly to the slighter affections of the higher part of the colon, or the early stages of its more severe diseases. In their more advanced stages, the stomach, and other digestive organs, either by actual participation of the disease or by sympathy, suffer so much, that the diagnosis becomes much more difficult. As the disease, however, while it increases in severity, generally at the same time becomes more extensive, its seat may often be ascertained by tracing it to a considerable distance in the course of the colon." 20.

The pain in the left side, in what are called bilious complaints,

arise, in many cases, says Dr. P. from an affection of the colon, where it turns down to form the descending arch. In other cases, however, he thinks the affection of the colon is not the cause of this pain, which is to be classed with the sympathetic pains of indigestion.

The nature of the colonial affection, Dr. P. considers to be "merely a degree of languor, causing delay in the passage of its contents, the consequence of the bile and other secretions being less adapted to support its due action." This remora, when the fæcal remains become hardened, causes irritation, attended sometimes with tenderness on pressure, and a feeling of hardness in the part. The cure consists in purgatives, and the recurrence is to be prevented by those means which tend to improve the abdominal secretions. Leeching and blistering are also recommended.

In some cases, the extension of the tenderness across the region of the stomach has been found to arise from a diseased state of the pancreas. The difficulty of discrimination, in such cases, is readily admitted by our author. It is natural to expect that, in all of these cases, where there is permanent tenderness extending across the epigastrium, we have to do with a much more serious malady than common indigestion, even in its advanced stage.

In the following passage the professional reader will find a new nomenclature respecting the pulse. In Dr. Philip's former publications, the appellation was *hardness*, which is now changed to *tightness*. As these words certainly do not convey the same meaning, the disciples of Dr. Philip must have been labouring under a delusion all this time, or following their master on a wrong track. But the professional reader will not be a little astonished at the conclusion of the passage, when he finds that the nicer shades and distinctions of pulse, which have puzzled the most acute physicians from Celsus to Hunter, can be easily taught by Dr. Philip even to his patients!

"In proportion as the tenderness increases, from whatever cause, or occupies a larger space, the *tightness* of the pulse becomes more considerable. The state of the pulse, however, is not wanted as a measure of the tenderness. The examination by pressure renders any other superfluous; but the state of the pulse is not only the best, but, I believe I may say, the only certain, measure we possess of the general state of the secreting surfaces, a point of the first importance in regulating the treatment of indigestion. Whatever may be supposed by those whose attention has been less particularly directed to it, *a physician who has been accustomed to observe with care the changes of the pulse, and particularly to examine it in the way pointed out in the Treatise, to which this is an Appendix, will know, without a risk of mistake, from its state, that of these surfaces, not only here, but in all other diseases.* The state of the pulse corresponds as correctly with the failure of power in them, as it does with the state of an inflamed part; but if we look for the same degree of *tightness* in both cases, and admit no pulse to be tight but that of active inflammation, we shall be disappointed, and, I have no hesitation in saying, deprived of the most correct means of judging of the general state of our patient in the more advanced stages of indigestion. With respect to those who talk of the difficulty of distinguishing what they consider minute shades of difference in the pulse, *I can assure them, that I have never met with one patient whom I have found it desirable*

to instruct in this respect, who did not in a short time acquire the power of distinguishing the different degrees of what I call a tight pulse, and who did not observe the connexion with the state of his feelings as well as the other symptoms of his disease." 28.

Had we not read twice over the above passage, we could not have conceived that the author of a Treatise on the laws of the vital functions, would have been so credulous as to believe himself undeceived in this extra-professional tuition of a most difficult piece of semeiology. But the sentence which we have marked in italics in the middle of the above passage, has still more surprised us. Dr. Philip can tell "*without* a risk of mistake," by means of the pulse alone, the precise state of the mucous surfaces, not only in indigestion, "but in *all other diseases.*"—If the spirit of Celsus be yet wandering, after a lapse of seventeen centuries, how will it blush for its ignorance, in pronouncing that to be a "*res fallacissima,*" which Dr. Philip has discovered to be the very touch-stone of the most occult diseases—the talisman which unlocks, at once, the inmost recesses of the human fabric, and unveils its disordered movements! The war may now cease between the Broussaians and Anti-Broussaians on the continent, respecting the state of the mucous membranes in various diseases, since Dr. Philip can teach even his patients, and *a fortiori* his pupils, the precise state of those important structures, by a simple touch of the fore-finger on the radial artery! We leave it to Dr. Philip's mature and deliberate reflections whether or not the foregoing statement was one of the most prudent to be laid before the experienced members of the profession. Certain it is, that we should not be easily tempted to hazard such an assertion.

For our own parts, were we to trust to any one criterion, as to the existence of inflammatory action in the stomach or duodenum, we should look to the *tongue*, rather than to the pulse. In the original Essay, under the Head of Symptoms of the Second Stage of Indigestion, Dr. Philip takes no notice of the state of the tongue—and in no place, that we can find, does he notice the *redness* of the tongue, as a very unerring indication of gastric irritation and inflammation. The disciples of Broussais have conferred a benefit on medical science, by the great attention which they have paid to the appearances of the tongue, as indices of the condition of the stomach; and this *redness* of the organ has been proved by cases innumerable, to be the most certain of all criteria. A white and furred tongue is compatible with perfect health, as every practitioner knows; but when the papillæ become elevated, the centre dry, and the tip and sides *red*, then we may lay it down as certain that irritation is set up in the primæ viæ, whatever be the state of the pulse. We much wonder that Dr. Philip, who is otherwise an acute observer, did not attach more importance to the appearances of the tongue. They are infinitely more instructive than the tenderness of epigastrium, or tightness of pulse.

STATE OF THE ORGANS OF WASTE IN INDIGESTION.

Dr. P. informs us that it not unfrequently happens, that when the second stage of indigestion begins to yield, the patient loses instead of gaining flesh. This, he thinks, arises from the organs of waste being the first to regain their due action. It is to the second stage of indigestion, where the whole system, to its remotest parts, partakes of the disease—where "the pulse is every where *tight*, and the secreting surfaces *debilitated*," that the following observations are applicable.

"It is not very uncommon, in the second stage of indigestion, for the organs of waste to be more debilitated than those of supply, and for the patient, from this cause, to get full and bloated. He acquires what, in common language, is called an unhealthy kind of fat. Part of what ought to be thrown off by the skin and other excretories is retained, and contributes not a little to the distressing feelings which the patient experiences. When this has happened to a considerable degree, the thinning is often rapid on the organs resuming their due functions; but even when this is not the case, the patient almost always becomes thinner in the first part of his recovery. As it advances, however, and the organs of supply begin to resume their proper functions, he begins to regain flesh, and by degrees generally returns to the standard natural to him in health, and thus generally becomes fuller than he has been during the greater part of his complaint. The loss of flesh without the loss of strength in the early part of the treatment, I have found almost a certain sign of ultimate recovery." 30.

We apprehend that there is a good deal of the fanciful in the above explanation. We are rather at a loss to know on what ground Dr. Pemberton, who first brought this mode of expression into vogue, founded the idea of an organ of *waste* in the human body. Did he suppose that the intestines and kidneys were mere *waste* pipes to let off foul waters and stinking matters from the system? If so, he formed a very mechanical notion of the animal economy. We know that when the biliary secretion is deranged, there is a rapid and remarkable wasting of the body. Does this depend on an increased *activity* in the liver, as an organ of waste? The idea appears to us preposterous.

When loss of strength accompanies this waste of flesh, Dr. P. properly considers the case as one requiring much attention on the part of the practitioner.

"It evidently arises from several causes, but I believe chiefly from the following All causes of irritation tend more or less to excite a feverish state. Hence the tight pulse, and frequent occurrence of some feverishness, particularly towards evening, in the second stage of indigestion, one of the most severe and obstinate causes of irritation. The tight pulse, indeed, which is always present in a greater or less degree at this period, constitutes itself a certain degree of feverishness, and, when considerable, is accompanied with all its essential symptoms. The vessels, in consequence of the continued irritation of the most sensible nerves of our frame, *are excited to embrace the blood more strongly than in health; hence the tight pulse.* Now this state, although a morbid one, tends for the present to support the

strength, and we know, when in the extreme, will even give a preternatural degree of strength. I have repeatedly been consulted by dyspeptics, who said that the most unaccountable peculiarity of their case was, that they never felt tired, *but felt as if they could walk for ever*. This, so contrary to what is usual in indigestion, arises from peculiarity of habit; but strikingly illustrates a point of great importance in the nature of the disease. In such patients, the *nerves are so braced by the tightened circulation*, as not only to obviate the usual debilitating effects of the itritating cause, but even to give a preternatural vigour." 31.

We think the above passage has hardly a parallel in the annals of theorizing! We are utterly at a loss to account for such excursions of the imagination in a grave and learned doctor of medicine, thirty years after graduation. We would seriously recommend these patients who, in the second stage of indigestion, complain to Dr. Philip, that "they could walk for ever," to make a pedestrian excursion to the Great St. Bernard, the Grimsel, or even Ben Nevis, in order to get rid of their braced nerves and "tightened circulation." We apprehend that such a trip would do them more good than all the nitrate of potash, gum tragacanth, Dover's powder, and blue pill, which the worthy doctor could prescribe. But there is a sentence in the above passage to which we would beg to draw the attention of Dr. Philip and the profession. Dr. P. maintains throughout his Treatise, that *irritation* is the grand characteristic of the *first* stage of indigestion; and in the foregoing extract he avers that the *tight pulse* is the effect of *irritation*. Yet he will not admit that the effect can follow the cause in the first stage of indigestion. *There* he admits unequivocal irritation; but it does not suit his doctrine for *tight pulse* to be the effect of irritation till the second stage —and then it appears—but for what purpose?—Not to indicate the cause which produced it (irritation) but to prove a criterion that irritation had passed into inflammation! The following passage conveys information of which we were not aware, long as we have suffered from, and narrowly as we have watched indigestion in others.

"Could we suddenly relieve the dyspeptic from the causes of irritation to which he has been so long subject, by at once removing his disease, he would feel a depression of strength, till the nerves had accommodated themselves to the change. The tightened state of the circulation would be relaxed, and the effect of this would be increased by the secreting surfaces, which were bound up, beginning to separate more freely their various fluids, and also by the alimentary canal being less distended with flatulence and a collection of undigested food, which, however injurious, for the time, gives tension, and therefore tone. On the same principle, if the water be too suddenly drawn off in dropsy of the abdomen, even by a greatly-increased action of the kidneys, and still more by tapping, the patient feels an extreme sense of depression, and, in the latter case, often faints altogether. The pressure which braced both the circulating system and the nerves is taken off more suddenly than the system can accommodate itself to the change.

"*Thus it is, that even a change of diet from one of difficult to one of easy digestion, is sometimes attended with a considerable degree of depression*, and that when no medicine is given, and more nourishment is actually received by the system, for what is not digested cannot nourish." 33.

The foregoing passage is directly at variance with all we have felt and all we have seen. The food of difficult digestion seems to deprive the dyspeptic patient of what strength he possessed—and the food of easy digestion—and that too in very limited quantity, produces quite a contrary feeling. We quite agree with our author, however, in the following passage, which is much more intelligible than those passages which precede it.

"The depression in the commencement of the proper treatment of Indigestion is increased by another cause. The pleasures of the table generally form a greater proportion of the enjoyment of life than we are willing to acknowledge, and it is very disagreeable to be restricted in them. A little time, however, generally convinces the patient that the solid advantages of a mind and body at ease, and capable of performing with satisfaction the various duties of life, greatly overbalance the feverish enjoyment of any gratification which materially interferes with them.

"*By taxing the digestive organs beyond their power, the function of every part becomes a burthen to it.* For here, as in every other instance, we still observe the sympathy of other parts of the system with the state of these organs. If they be irritated, every other part is inclined to partake of the irritation. If an inflammatory tendency be excited in them, in like manner every part partakes of this tendency; and if their functions be oppressed, no other is well performed." 38.

We would beg to ask Dr. Philip in what way we can more effectually "tax the digestive organs" of an invalid than by offering him food of *difficult* digestion? Yet in a preceding page it was said that this food produced an increase of strength—while here, the taxation of the digestive organs is justly represented as oppressing all the other functions of the body, and consequently the strength. We cannot help thinking that there is some degree of inconsistency, as well as obscurity in these two passages of Dr. Philip's work, as contrasted with each other.

The following quotation, if words have any meaning, will show that Dr. Philip has *virtually given up* the doctrine he so long and so tenaciously adhered to—that the second stage of indigestion was characterised by *inflammation.*

"To recapitulate in a few words the heads of what has been said—such is the nature of Indigestion, that, after it has continued for some time, by the *nervous irritation* which attends it, it *tightens and binds up*, if I may use these expressions, *the circulating and secreting systems.* This state, while it torments with a thousand distressing feelings, gives a species of unhealthy vigour, which the patient resigns with reluctance, and which he should only be called upon to resign very gradually, and, as far as possible, only in proportion as a more healthy vigour is substituted for it. The means of effectual and permanent relief are all such as tend to relax the morbid constriction of the vital parts, but they must only be employed to an extent proportioned to the state and habit of the patient; and combined with as large a proportion of the tonic plan as can be borne without interfering with the essential part of the treatment." 39.

Here then the phenomena of indigestion, including the *tight pulse*, the criterion of the *second stage*, are all produced by *nervous irrita-*

tion, and not a word is said about inflammation. This is still more unequivocally avowed in the following passage.

"But those who take the trouble to separate the essential from the accidental symptoms, that is, the symptoms which appear in all cases, and therefore constitute the disease, from those which from peculiarity of habit, or other causes, appear only in particular cases, will find that, in the first instance, it consists of a deranged state of the function of the stomach alone; that the derangement gradually spreads to the function of the organs nearest to it, and with whose function that of the stomach is most intimately connected; and that at length, from the continued irritation of the nervous system, on which the function of every part more or less depends, it becomes a disease of the whole system.

"They will also see clearly that, however it may be modified in particular instances, this disease of the whole system is exactly of the same nature as other affections of the whole system arising from other causes of irritation; that is, that it is a state of fever; a disease which admits of infinite variety, from a degree hardly perceptible, to that which destroys life." 41.

From this it is evident that Dr. Philip has fairly backed out of his original doctrine, and admitted that *nervous irritation* is the characteristic feature of indigestion in all its stages. As for the occasional occurrence of inflammation in this disease, no one ever doubted it; but these occurrences are accidental or supervening phenomena, and not essential to any stage of indigestion. Thus all material difference, in respect to pathology or etiology, between Dr. Philip and those writers to whom he alludes at the beginning of his Appendix, may be said to be annihilated by the statements in this Appendix.

PRINCIPLES OF MEDICAL TREATMENT.

In the second stage, when well formed, Dr. P. considers "the more permanent effect of stimulants as always hurtful;" and in this we quite agree with this talented observer. Simple stimulants are preferable, he thinks, to what are called *tonics*, which last excite less for the moment, but produce more durable effects. There is a period, however, in the progress of the recovery, at which tonics may be necessary, employed with caution, and watched as to their effects. While Dr. P. admits that no general rule can be laid down, he thinks "that our practice should lean as much to the tonic plan as the nature of the case admits of."

"They lead us, in the first instance, except where the febrile tendency is great, to combine the lighter bitters, as camomile and orange-peel, the warmer gums, and the preparations of ammonia, with the appropriate treatment of the second stage, taking care to keep within the limit at which they show a tendency to increase the oppression or heat of the skin; and it is not very uncommon to be obliged to lay aside every medicine of this kind, even camomile-tea, the least stimulating of all.

"After the constitution has, to a certain degree, experienced the effect of the alterative, we are led to combine with it the mineral acids, iron, and even the bark, of which the sulphate of quinine is the best preparation, according to the circumstances of the case and the constitution of the patient. But, even at this period, if these or any other tonics are found to produce dryness of skin, any very sensible tightness of pulse, increased

heat, a sense of oppression, either general or referred to the stomach, or, in short, any considerable degree of those symptoms which characterise the second stage of Indigestion, the dose must be lessened, and, if necessary, they must be laid aside. Of these means the acids can most frequently be borne; next to them the preparations of iron, and least frequently the bark, although, where it can be borne, it is the most effectual." 50.

Dr. P. remarks that it sometimes, though rarely, happens, that those who have long been accustomed to "a certain degree of tightness in the pulse," cannot, even for years, be brought to bear "one as soft as the perfectly healthy pulse"—the means of reducing the pulse occasioning such depression as unfits them for the active duties of life. In such cases, he has recourse to medicine only occasionally, when the symptoms are aggravated, trusting to proper regulation of the diet under ordinary circumstances, with proper attention to the bowels, and exercise in the open air.

Dr. Philip winds up this Appendix with some observations on three medicines which he considers as of great importance in the treatment of indigestion. These are, nitrate of potash, tartarized antimony, and ammonia.

1. *Nitrate of Potash.* Some saline medicine he considers as essential in the second stage of indigestion; and he has found none so beneficial as nitrate of potash. It enables him to lessen the quantity of mercury, and is chiefly indicated where there is a tendency to evening or nocturnal heat, with sense of burning in the hands and feet. But even where there is no increase of heat—where there is even a reduction of temperature below the natural level, the nitre has been found to add to the good effects of the alterative course, "provided there is an evident tightness in the pulse." In such cases, however, it is generally proper to combine it with some warm medicine, as tincture of orange peel or cardamoms. In some cases, the chilling effect of the nitre cannot be counteracted by any stimulus—even large doses of carbonate of ammonia, and then it should be abandoned. It should never be given in such doses as very sensibly to add to the sense of depression. Nobody, he says, would think of giving nitre in the first stage of indigestion—and its utility in the second stage, appears to him a convincing proof of the soundness of his doctrine respecting the division of the disease into stages, differing totally in their nature and treatment. But we would ask Dr. Philip, how this utility of nitre in the second stage proves his position, when "nobody would think of giving nitre in the commencement of indigestion?" It does not follow that nitre would be detrimental because nobody had thought of giving it. Nay, we do maintain that hundreds *have* taken it in the *first* stage, and very frequently with advantage. Small doses of nitre in saline draughts, are very grateful to the stomach in cases of simple irritation there, as will be found by Dr. Philip, if he will try them. We do not find fault with Dr. Philip for dividing indigestion into three or any number of stages he likes; but we question his criteria for the ascertainment of these stages.

Our author has found the good effects of nitre increased by combination with mucilage, and a very slight anodyne. Six to twelve minims of tincture of hyosciamus, or two or three drops of laudanum, and four or five drops of epicacuan wine, have been given with advantage, along with the nitre and mucilage.

"These doses will only appear trifling to those who have not attentively watched the symptoms of Indigestion, in the more advanced stages of which the nerves, from repeated irritation, often acquire a *sensibility which appears almost incredible.*" 62.

2. *Tartarized Antimony.* This medicine is deemed proper in many of the cases where the nitre is beneficial. Its effects on the skin and mucous membranes are well known, and its utility where these are torpid or constricted, cannot be doubted.

"When the surface is dry and the tendency to feverish attacks considerable, and we have reason to believe that the disease is, in a great measure, supported by the general state of the secreting surfaces, the tartarized antimony, as might *a priori* be expected, is often a valuable medicine; and I was agreeably disappointed to find that doses so minute as neither to excite nausea, nor any increased sense of debility, are often sufficient to produce a sensible improvement. A slight degree of nausea, if it be only occasional, I have found of little importance, and contrary to what might be expected, it seldom even impairs the appetite. The antimonial has always been laid aside when it has appeared to increase the sense of sinking. The dose I have employed has generally been from the tenth to the eighth part of a grain, three or four times a day. I have never seen the least bad effect from such doses, even when continued for months; and the patient, when it was laid aside, missing its good effects, has often requested to be allowed to resume it." 66.

Dr. Philip has found this medicine peculiarly useful in those cases where the skin was dry, and especially where there was determination to the head. Even in the early periods of indigestion, great advantage is derived from combining this medicine with cathartics, whose operation it assists. Dr. P. has not alluded to its effects on the liver. It certainly increases the secretion of bile, probably from its action on the skin and mucous membranes extending to the hepatic system. Colchicum has been advantageously employed by our author, with the same view.

3. *Ammonia.*

"The effects of ammonia in certain states of Indigestion are very valuable, and such as cannot be produced by any other means. We have no other means which so powerfully excite the nerves with so little disturbance to other parts. My attention was called to it above twenty years ago, by the essential benefit derived from very large doses of it in a case which had resisted all the usual means.

"In some cases of Indigestion, with the contracted pulse of the second stage, the vital fluids seem, as it were, to leave the surface, which is obstinately cold. The pulse in such cases is always very feeble, and the patient, for the most part, complains of great depression, hangs over the fire, and says that no exercise he can take has the effect of warming him. The

nerves here are failing in one of their essential functions, that of supporting, by their action on the blood, the due degree of animal temperature; for in all such cases the temperature, measured by the thermometer, is actually, and sometimes considerably, below that of health. Here the ammonia is invaluable, being less apt, than any other stimulus of the same power with respect to the nerves, to excite the heart and blood-vessels; which, from the tendency of the disease, are inclined to a degree of excitement beyond that in due proportion to the state of the other powers.

"The carbonate of ammonia may be taken in doses of from five to ten grains several times a day with safety, and probably in larger doses; and it rarely fails, if given in the proper dose, with such exercise as the patient can bear, to diffuse warmth throughout the system. Nor is the benefit derived from it of a mere transitory nature. A state of chill tends not only to aggravate all the symptoms, but to confirm the disease. I have even known the digestion constantly deranged by the temperature of the room being so low as to cause a feeling of chilliness." 72.

Ammonia is also a very valuable medicine in most of the nervous affections attendant on indigestion, even where the patient is not particularly chilly. Its good effects are doubtless to be ascribed in part to its action on the skin, and thence, by sympathy, on the digestive organs. But it is, in fact, a very grateful stimulant to a languid stomach at all times.

Dr. Philip makes some cursory but interesting observations on the influence which indigestion exerts on other diseases. He justly remarks that, although those who have long laboured under this disease, are more subject to inflammatory affections than those in health, yet these inflammations are seldom of the acute kind. They partake more or less of the chronic nature of the habitual affection. But they are not the less dangerous on that account, as they are more insidious in their approach and obstinate in their progress —the sanative powers of the consitution being greatly reduced by the morbid condition of the digestive organs. Hence the propriety of inquiry into the constitution of the patient, and of great attention to those organs which so powerfully influence all other parts of the system.

This brings us to the close of this Appendix. Our readers will readily perceive that there is little connexion between the title page and the contents of Dr. Philip's brochure. The whole Appendix is, in fact, an Essay in disguise to support the author's doctrines, and to meet the objections which have been urged by the physicians noticed in the beginning of the work. As far as one of the physicians above alluded to is concerned, the objections have been completely obliterated; for Dr. Philip has so modified his doctrines, that they entirely harmonize with those which were supposed to clash with them.

In the critical examination of Dr. Philip's doctrines, we can safely say that we have been uninfluenced by any other motives than those of promoting the establishment of truth. As a friend and a physician we respect Dr. Philip in no ordinary manner. When prostrate on the bed of sickness we solicited his aid, which was generously afforded—and no stronger proof of our estimation of his professional skill could well be given. But we should consider ourselves lowered in the eyes of this estimable physician, if we suffer-

ed private friendship to stifle the expression of opinion on professional subjects involving the interests of science and humanity. Upon every occasion we have supported the well-merited fame of our illustrious countryman; but when our own observations and experience have led us to conclusions differing from those of Dr. Philip, we have freely dissented, and even criticised. The final decision is left to the public—and that decision we have no doubt will be just.

VI.

*Dr. Christison on Poisoning by Arsenic.**

NOTWITHSTANDING what has been written on this important subject, Dr. Christison thinks, "that something still remains to be done to complete our knowledge of it." He considers that chemistry has arrived at much certainty, in the great majority of instances, as to the presence of arsenic in the most complex mixtures, although in their quantities exceedingly minute. He thinks, also, that the *symptoms* may sometimes enable us to give a very strong, if not decided opinion, in cases of poisoning by arsenic. His paper is divided into two parts—1st, a history of two cases where arsenic was detected by chemical analysis, in very minute quantity—2dly, comments on the symptomatology of poisoning, and the evidence resting thereon. We shall greatly abridge both these parts of Dr. Christison's paper.

I. The liquid tests for arsenic have been found liable to many fallacies, and their details have seldom carried conviction to the minds of Judge or Jury in this country. It would therefore be desirable, as Dr. C. observes, could the evidence derived from reduction and sublimation be made more delicate than that derived from the use of the liquid tests. It has been proved by Dr. C. himself, as well as by several Continental chemists, that when arsenic is dissolved along with a certain proportion (such as is usually found in medico-legal inquiries) of animal or vegetable matters, not one of the liquid tests can be relied upon. On this account, the whole attention of the medical jurist should be turned, Dr. C. thinks, to the improvement of the analysis by reduction—or at least that the liquid tests should always be subsidiary to the metallization or oxidation of the poison. In the Edinburgh Journal for July, 1824, Dr. C. has published a long paper on arsenic, and endeavoured to show that so small a quantity as the fourth part of a grain might be presented in its metallic form, although it had been dissolved in eight thousand parts of the most complicated vegetable and animal fluids. The same process was applied to the detection of arsenic in the solid animal tissues as in the

* Dr. Cristison. Ed. Medico-Chirurgical Transactions, Vol. ii. 1826.

coats of the stomach. The fluids in which our author detected arsenic, in the above-mentioned proportion, were port wine, porter, tea, with milk, sugar, &c. coffee made in the same manner, barley broth, &c. At that time Dr. C. had not applied his process to the coats of the stomach, which he now does. This brings us to the cases, on which the paper is based.

Case 1. T. S. died after somewhat less than two days illness. His wife had lived on bad terms with him, for some time previously and she frequently threatened vengeance against him. Two or three days before his death, this amiable help-mate went to a schoolmaster, who practised physic a little, and asked for some poison to kill a dog, that had invaded her premises sometimes. The simple schoolmaster believing her story, offered her some nux vomica, but this did not suit her purpose, and she obtained half a drachm of arsenic. She never, according to her own account, laid it for the dog,—indeed, there was no dog but her husband, to lay it for. After the funeral of the husband, the schoolmaster began to feel some qualms of conscience, and sent to the widow for the arsenic, if it had not been used. She had not given it to the dog, and yet she could not produce it. A week after this, the widow applied to the schoolmaster for a medicine of a very different character—namely a love-powder, for one of the male sex, viz: a lad belonging to a smack! The medical history of the case is defective, with regard to the symptoms. The patient was liable to periodical attacks of colic, attended, it was said, with sickness and vomiting. He went to work on a Friday morning, rather indisposed, and was seen returning home in the evening, apparently in good health. On Saturday morning he was decidedly ill—could take no breakfast—complained of head-ach, pain in the breast and belly—vomiting, thirst, &c. In the evening he was seen by a neighbour straining violently—the same on Sunday morning, but he was then very low, and scarcely able to speak. At 3, that day, he felt easier—in the evening he fell down out of his chair, and expired. The whole illness lasted about 36 hours. The body was buried three days after death; and fourteen days after sepulture it was disinterred for examination. We shall quote the *proces-verbal* of the report, as a specimen not very favourable, in a medico-legal point of view.

"'*External Appearances.* The integuments covering the lower part of the neck, and superior portion of the sternum, were of a dark-red appearance; that covering the abdomen, and more especially on the right and left sides, were of a leaden hue,—little or no perceptible change on the lower extremities.

"'*Internal Appearances.* The whole outer surface of the stomach was highly vascular, and of a dark livid colour, bearing strong marks of recent and violent inflammation in that viscus, and containing about three or four ounces of fluid.

"'The small intestines were covered with a tinge of pale red, but in no part assuming the dark livid appearance as exhibited in the outer coat of the stomach. The large intestines were of a healthy aspect, as were also the other viscera of that cavity.

" ' Having neither the proper tests, nor the conveniency on the Island, for analyzing the suspected fluid, I postponed the examination of the inner surface of the stomach and intestines, until my return to K——, where, assisted by Dr.—— and Mr.——, the inner coat of the stomach was found streaked with broad patches of a dark livid colour, and interspersed with yellow spots of a golden appearance; and, at the part where the inflammation seemed to be most violent, there was an irregular figure or ring, about a line in breadth, and an inch in circumference, of the same golden appearance, firmly adhering to its inner coat; but no abrasion or ulceration in any part of the stomach or intestines, nor any unnatural appearance in the latter, unless a slight enlargement or fulness of some of their blood-vessels.

* * * *

" ' Although seventeen days had intervened from the time of his death to the day on which the body was examined, yet, from the comparatively slight degree of decomposition that had taken place, as well as from the great contrast between the morbid appearances of the stomach and intestines, there can be no hesitation in saying, that violent inflammation of the former may be considered as the immediate cause of death.

" ' *—— *——*Surgeon.*' "

The above report is much better, Dr. C. informs us, than the average of a great number which he has collected, and certainly shows that pathological investigations are very slovenly conducted, in too many instances, in these Islands. It is to be accounted for, in part, to the little weight attached to medical evidence by our courts of law.

" ' They generally contain a meagre statement of facts,—are frequently defective, in so far as the whole organs have not been examined; are commonly couched in ambiguous and inelegant language; sometimes intermeddle with the moral proof: very often give nothing more than an opinion, with one or two facts on which it is grounded; and not unfrequently the opinion, in relation to the facts, is an absolute *non sequitur*. The worst of this practice is, that not only the inspectors do not supply themselves with the proper grounds of judgment; but likewise persons at the head of the profession, to whom their report is submitted, and whose opinion often, perhaps generally, decides the case, are left without the means of judging, till they enter the witness-box; and too frequently cannot form a judgment even there, for want of sufficient data." 285.

The foregoing report is defective in many respects. The head was not opened, nor even the chest. The throat and gullet were not examined, where pathological evidence of poison would be likely to be found. In the description of the outer coat of the stomach, the surgeon states an opinion, where he ought to have confined himself to facts—and possibly that opinion, as to inflammation, was wrong. Inflammation of the peritoneal covering of the stomach is rare in poisoning by arsenic. He ascribes the death to inflammation which is not often the case in poisoning by this mineral, death being generally the result of its action on the nerves of the organ. The tissues of the stomach were not examined, which was a great defect, in Dr. C's eyes; but he ought to recollect that such a minute examination could hardly be expected in a remote part of the country. The following paragraph appears in the chemical part of the examination.

" In analysing the suspected fluid by the different tests used for detect-

ing the presence of arsenic, we have not been able to discover any marks or trace of that mineral; but, from our not having the chemical apparatus necessary for a complete trial of the more delicate tests, it is recommended, provided it can be legally done, that a still farther trial should be made by some practical chemist, in ascertaining the presence of poison; and for this purpose, a part of the fluid has been reserved." 288.

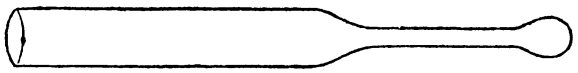
This specimen was sent to Dr. C., and analysed by him three months after the man's death. The result was quite satisfactory, and as the quantity detected was far more minute than was ever unequivocally detected before, in any judicial case, he needs no apology for publishing the process of analysis. We shall give it in the Doctor's own words:

The substance transmitted was a thick, slightly viscid, putrescent, dirty-gray fluid, with a few floating coagula; and it amounted to an ounce and a quarter. It was poured into a porcelain vessel, diluted with the washings of the phial, boiled briskly for fifteen minutes, and thus changed into a transparent liquid, with dirty ash-gray flocks suspended in it. The solid matter being separated by filtration, a clear fluid was obtained, of a very pale, straw-yellow colour.

"A small portion of this fluid was tested with lime-water, and the ammoniacal nitrate of silver. Lime-water caused a very scanty, dirty grayish-white, floculent precipitate. The ammoniacal nitrate of silver caused a copious, dirty grayish-white, pulverulent precipitate, without the slightest tint of yellow.

"As the arsenic, if present at all, evidently existed in very minute proportion, and the fluid was so composite as to render the foregoing tests inconclusive; instead of wasting any more of it upon trials with the other liquid reagents, the whole of the remainder, with the washings of the filter, was acidulated with acetic acid, and subjected for fifteen minutes to a stream of sulphuretted hydrogen gas. It acquired, in consequence, a deeper yellow colour, and muddy appearance; which, when the excess of sulphuretted hydrogen was driven off by ebullition, gave place to a considerable precipitate, of a pale lemon-yellow colour, and composed partly of fibrous flocculi, partly of very minute, brilliant scales.* The presumption that arsenic existed in the fluid was thus strong.

"Next morning the precipitate having fallen down, the supernatant fluid was withdrawn with the pipette, and its place supplied with distilled water. The brilliant scales then became still more distinct. The operation of subsidence and affusion being repeated the same day, the precipitate was thrown upon a filter; and next morning, when the water had passed through, the filter was compressed, and partially dried between folds of bibulous paper. The moist precipitate was then removed, dried in fragments with a gentle heat, dropped into the bottom of a tube of this shape and size,†



* "This appearance of brilliant scales is not often produced when the quantity is small. The operator will have the best chance of obtaining it, if the excess of gas be driven off by a very gradually increasing heat.

† "This form of tube I borrowed from a paper by Berzelius, in Dr.

and covered with a little black flux, which was dropped through a paper tube, so as not to soil the glass. The whole material just filled the ball at the end of the tube. Heat was then cautiously applied with a very small spirit-lamp flame. Some water disengaged at first, was removed with a roll of filtering paper. On the farther application of heat, which was raised to full red, a distinct crust was sublimed into the narrow part of the tube. It was smooth, bluish-gray, and brilliant, like polished steel externally; chrystalline, sparkling, and iron-gray internally, like the fracture of fine steel.

"The proof of the existence of arsenic was thus decisive. For no other known substance can yield, with sulphuretted hydrogen, a yellow precipitate, from which such a metallic crust can be sublimed. But as I was fully sensible of the influence which the foregoing analysis would have on the issue of the trial, I resolved to leave nothing undone to establish the nature of the crust precisely. For this end I subjected it to a test of great delicacy, elegance, and facility of application, and vastly superior in every respect to the supplementary test recommended in my former paper. It was suggested to me by my friend Dr. Turner, and, so far as I know, has not yet been made public. The portion of the tube containing the flux being removed by melting and drawing it out, the crust was driven up and down by the spirit-lamp flame. At first it kept its polish and iron-gray colour. But at length it was all converted into little detached crystals, white, translucent, of adamantine lustre, and evidently showing triangular facets under a microscope of four powers. These crystals, I need hardly add, were octaëdral crystals of oxide of arsenic. The tube was weighed before and after the crystals were washed out with distilled water; and their weight thus proved to be one-twentieth of a grain.

"The solution, amounting to a dram, was divided into three portions, and subjected to the ammoniacal sulphate of copper, the ammoniacal nitrate of silver, and sulphuretted hydrogen. These tests all gave pointed indications; but it required very cautious management to make them distinct.

"This analysis left no doubt that the deceased had taken arsenic; and as the symptoms and mode of death, as well as the morbid appearances, corresponded with what arsenic is known to produce, I could not hesitate to ascribe his death to its administration." 292.

For various chemical remarks on the foregoing analytical process, we must refer to the paper in the original work. We shall, therefore, proceed to the second case of poisoning by arsenic.

Case 2. E. O., a girl, fourteen years of age, was a servant in a

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Brewster's Journal for January last. The paper contains an account of a method for detecting minute quantities of arsenic. It is very nearly the same with that I have recommended, except that, when the quantity of sulphuret on the filter is too minute to be collected, the professor recommends an additional and very complicated process, for converting the sulphuret of arsenic into the arseniate of lime, before employing the test of reduction. A much better plan, when the quantity is so very minute, is to throw the liquid and precipitate into a small glass funnel, corked at the bottom. The precipitate having subsided, the greater part of the fluid may be withdrawn with the pipette, and the remainder evaporated, by putting the funnel at the side of a fire. The sulphuret may be then picked out, without a particle being lost. Berzelius's plan is far too complex for any other than an expert analyst."

family, which she had several times left, in disgust, but was always brought back again by her friends. The last occurrence of this kind was a week before her death. She was occasionally dull and melancholy, but not particularly so on the morning of her illness—on the contrary, she was more in spirits than usual. She had habitual good health. At two in the afternoon, after being seen a few minutes previously in good health, she was found by her mistress in bed, yawning and retching, and complaining of head-ach, sickness, and pain in the bowels. She also complained of thirst, and a sense of coldness. At half-past five, the pain in her bowels continuing, her mistress gave her some whiskey-punch—the only thing she took during her illness. At six, she became blue in the face, and seemed fainting. A surgeon was called, but before he arrived she had breathed her last. Her illness continued about five or six hours.

One or two evenings before this tragic event, a girl, answering her appearance, went to a chemist's shop, and asked for a pennyworth of arsenic to kill bugs. It was given to her (two drachms) without any more questions, and without even putting a label on the paper. There were no bugs in the house. The body was buried three days after death; but was disinterred the following day, on judicial inquiry, and examined by Dr. Christison himself, and Mr. Watson. The dissection and chemical examination we deem it proper to give in the words of the author:—

"There was not any outward appearance worthy of remark, except that the countenance had a very calm expression, and that the skin was no where livid. The latter fact I specify, because some absurdly enough imagine that lividity is invariable after poisoning with arsenic.

"In the head, the only thing of note was a greater turgescence than usual, of the veins of the superficial and ventricular membranes of the brain,—not so great, however, as to amount decidedly to morbid congestion.

"The organs in the chest were perfectly natural in appearance.

"The veins, as seen on the outer surface of the stomach, were somewhat gorged. The stomach, after being secured by a ligature at each end, was taken out, emptied of its contents, and slit up. The contents were reddish-coloured and limpid, with a few albuminous-like flakes, but no white powdery particles; and they had a smell of some vinous or spirituous liquor. They measured 11½ ounces. The inner membrane of the stomach was every where mottled with small coalescing patches, of an exceedingly faint cherry-red colour, confined to the villous coat; and around the upper orifice there were a few more distinct and very minute scarlet specks. The villous membrane could be peeled off with facility.

"The intestines, viewed externally, appeared much injected with dark-blood. Internally, the villous membrane had the same appearance as in the stomach; but the shade was even paler. They contained hardly any contents; the small intestines particularly were quite empty.

The contents of the stomach, as well as the stomach itself, were taken to Edinburgh to be analysed; but we were not permitted to carry away the intestines, and it was not without difficulty that we obtained even the stomach. In fact, throughout the whole examination, we were much obstructed by the friends, and a surgeon who accompanied them; and the wrangling in which we were thus involved, coupled with a deficiency in the

warrant, led to the neglect of many points which it was of consequence to ascertain.

"Besides the stomach and its contents, we obtained for analysis, from one of the friends present at the inspection, a white powder found in a box belonging to the deceased.

"The analysis of these three articles was performed by myself, and most of the essential steps were taken in Mr. Watson's presence.

"1. I commenced with the powder. It was heavy for its bulk, and weighed 26 grains. A small quantity, subjected with black flux to the process of reduction in a glass tube, gave an abundant crust, possessing all the physical properties of metallic arsenic, (the garlic smell included,) and yielding crystals, with triangular facettes, when heated in the way formerly mentioned. The powder, therefore, contained a large proportion of arsenic. Another quantity was heated on an iron plate; it sublimed at a low temperature in white fumes, and left a barely perceptible residue. The powder was, therefore, very nearly pure oxide of arsenic.

"2. The contents of the stomach were evaporated to a third of their volume, and filtered. The fluid, which had a very pale straw-yellow colour, gave a scanty, grayish-white cloud, with lime-water; a copious dirty, grayish-white precipitate, with the ammoniacal nitrate of silver; and underwent no change with sulphuretted hydrogen. These tests, therefore, did not give any indication of the presence of arsenic. The remainder was evaporated to the volume of half an ounce, when it acquired a brownish-red colour. In this state, when treated as in the former case with sulphuretted hydrogen, it gave an evident brownish-yellow, flocculent precipitate; which, however, was so scanty, that before proceeding farther, I thought it right to wait for the result of the analysis of the stomach itself.

"3. Accordingly, the stomach was cut into small fragments, and boiled briskly, for half an hour, with a pint of water, in a porcelain basin, glazed with porcelain. The larger masses of solid matter were then removed, and the fluid filtered. One half of it passed through in two days, and was subjected to analysis by sulphuretted hydrogen, after previous concentration to the volume of half an ounce. A dirty lemon-yellow precipitate was thus obtained, amounting apparently to twice the volume of that procured from the contents. As I was sure I had now got enough to try the test of reduction, I mixed the two precipitates, and following the course pursued in the former case, I obtained precisely the same results. The quantity of oxide eventually formed, I did not weigh; but it was certainly not greater than the twentieth of a grain. The whole quantity of oxide, including what was in the contents, and in that part of the decoction of the stomach which was not filtered, could not have surpassed a fifteenth of a grain.

"The analysis, together with the symptoms, left no doubt that the girl had died of poisoning with arsenic.

"This case presents several particulars, both for comment and instruction. I shall be very short, however, in my remarks, considering the detailed account given of the former.

"In the *first* place, the total absence of morbid appearances in the stomach, is a rare fact in the history of poisoning with arsenic. It is not, perhaps, very generally known; yet it has been observed before.* It proves, that the

* "I may refer to the following cases as the most pointed of the kind, which I have met with in the course of my reading.
"Etmuller, Ephemerides Acad. Cæsareo-Leopoldinæ, 1715. Obs. 126.
"Laborde, Journal de Médécine, t. lxx.

arsenic had remained but a short time in the stomach during life; and therefore accords with the account given of the girl's illness, which probably did not last above five hours. In shortness of duration this case corresponds with every other hitherto published, in which the stomach was found in a natural state; and it likewise corresponds with them in the symptoms having been by no means well marked.

"*Secondly*, The want of morbid appearances, together with the almost total absence of arsenic in the stomach, and the fact that the girl was fasting at the time she took it, renders it not improbable that it had been taken in solution. It is not easy to account otherwise for so small a quantity being found in the stomach, when she vomited so little, and had so short an illness. It may be objected that this method of taking arsenic is very rarely resorted to, and would not likely occur to an ignorant girl. But, on the other hand, she had several times taken laxative salts against her mistress's wish, for the purpose of making herself ill; and she might consequently be led to use the arsenic in the same way as the salts.

"*Thirdly*, with regard to the proof of poisoning, it is clear that the symptoms and appearances after death, while they do not contradict it, hardly uphold it even by presumptive evidence; that, in short, the case, in a legal point of view, hung entirely on the chemical evidence.

"*Fourthly*, By any other method of analysis, particularly by those practised in Britain, there is good reason for believing that the poison would not have been detected. I need scarcely point out, therefore, how important it is that the proposed method should be minutely examined, and become generally known. In my own hands it has hitherto proved susceptible of universal application, and of yielding the most positive proof in the most unlikely circumstances; and I am satisfied, that, in the hands of another, it will prove easy of application, though he should be neither a very adroit, nor a very practised operator.

"It is not too extravagant to assume, that, had the process been earlier known, several late judicial cases would have been made perfectly clear, which, for want of good chemical evidence, have excited a considerable ferment in the public mind, and thrown our courts into doubt and embarrassment; and that henceforward we shall not often hear of criminals escaping from justice, because the medical witness could not discover the poison.

"I have said that I have hitherto found this method susceptible of universal application. I can foresee the possibility of one difficulty, however. If the fluid containing the arsenic is ropy and viscous, even after being boiled, and acidulated with acetic acid, the sulphuret thrown down may be mingled with so much animal matter, that the metallic sublimate is not distinctly formed, on account of the great quantity of empyreumatic matter suddenly projected along with it. This has happened to me once only out of at least a hundred experiments. In that case an addition must be made to the process. The criterion by which we may know that the additional process is required, is the colour of the precipitate. If the colour is lemon-yellow, or pale brownish-yellow, it is unnecessary; if it is cream-white, the simple process will probably fail. The plan I should prefer is a modification of that proposed by Berzelius, and of the method followed by Roloff (p. 279,) for determining the quantity of arsenic in the sulphureous precipitate. Treat the precipitate with nitric acid, and thus convert the sulphuret into sulphuric and arsenic acids; dissolve and filter; neutralize with ammo-

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" Jaeger, de Effectibus Arsenici. Diss. Inaug. Tubingæ 1808, p. 23-39.
" Chaussier, Orfila Toxicologie Générale, i. 155. 1ere. Edition.
" Medical and Physical Journal, xxxiv.

nia, and throw down the arsenic and sulphuric acids with nitrate of lead; reduce the precipitate, which contains arseniate of lead, in the usual way.

"*Lastly*, The unhappy fate of this poor young girl, who was only fourteen, and looked two years younger, taken along with the frequency of similar accidents, will naturally raise our astonishment, that our country should be so long in following the example of the Continental governments, by enacting police regulations for the sale of poisons, particularly in great towns. It may be easily imagined what abuses prevail, when arsenic could be got by such a purchaser. I am far from reflecting on the apothecaries of this town generally: I know that many of them never sell the common poisons but when they know the buyer. They will of course remember that penal statutes are never intended for the honest and conscientious part of society." 307.

The second part of Dr. Christison's paper, contains commentaries on the symptomatological evidence of poisoning by arsenic.

Till medical jurisprudence had arrived at a certain degree of cultivation, much importance was naturally attached to certain symptoms, which were supposed to be distinctive of the operation of poisons, especially of arsenic. Indeed, instances are not very rare, where medical witnesses have not scrupled to give pretty confident opinions based solely on the symptoms. The confidence in this evidence has been gradually decreasing, and medical jurists seem to have now passed to the other extreme, and maintain that symptoms can never lead to more than suspicion, or an opinion in favour of probability. As a general rule, this scepticism is considered proper by Dr. C. but not always to be adhered to. Three instances have come to his knowledge within the last five years, "in which the general rule either was, or might have been, departed from." This departure from the rule appears allowable chiefly in the very cases where it is the most essential—namely, where there is least chance of the poison being detected by chemical analysis. The particulars of the following case were referred to Drs. Duncan and Christison, for their opinions.

Charles Munn, a butcher, was indicted in 1824, for the double crime of murdering by poison, and procuring abortion. The purely moral evidence is partially omitted, as not essentially connected with the medical inquiry. It was circumstantial, but strong, and a part of it was so mixed up with the medical evidence, as to be requisite for its elucidation. The deceased became pregnant by the prisoner in the spring of 1823, and quickened in August. On two occasions he tried to buy, and indeed did procure poisons, for the alleged purpose of killing rats. The poisons were tartar emetic, or arsenic, or both. On the evening of the 1st September, he met the girl alone, and persuaded her to take two tea-spoonfuls of a white powder in some water, saying it would show whether or not she was pregnant. Soon after taking it, she got sick, and began to vomit. This last symptom recurred frequently during the night, and next morning she was unable to go to work till after breakfast. On the 4th September, the prisoner again met her, and prevailed on her to take another drug in the form of a cake, which she swallowed with much difficulty. In half an hour she was

attacked with sickness as before; and from this time to the 9th, when a surgeon was called, the prominent symptoms were vomiting, purging, (sometimes of blood,) and soreness of the mouth, throat, stomach, and bowels, with hoarseness and oppressed breathing. When the surgeon saw her on the 9th, the pulse was 120, full, soft, and regular—skin hot and dry—tongue parched and excoriated—throat spotted with little white ulcers—voice hoarse and feeble—breathing hurried and laborious—deglutition difficult—belly round, swelled, and painful, but not tender to the touch—great sense of exhaustion. On the 10th another surgeon was called in, and his account of the symptoms was very accurate and circumstantial.

"The pulse was 120, and throbbing; the breathing difficult; the tongue red and parched; the gums tender and shining, without salivation; she had soreness in the throat, descending along the gullet into the chest, and there was an excoriation on each side of the uvula, a white ulcer on the left tonsil, and redness and tenderness of the rest of the throat and back of the palate; she swallowed with such difficulty that a small quantity of any liquid caused violent gasping, hurried cough, and much pain; she complained farther of sickness and dull pain, and tenderness in the stomach and bowels; and likewise of pain in the feet and legs. The vomiting continued to recur throughout the day. In the evening the fever had increased; the pains of the feet and legs, were also more severe; and she complained of soreness and tenderness of the labia pudendi; though in neither situation any unnatural appearance could be discovered.

"On the 11th and 12th there was not any material alteration in the symptoms, except that on the evening of the former, she had some delirium; that on both days the fever lessened considerably in the morning, and increased at night; and that the pains had abated a little. About midnight of the 12th she was taken ill with labour pains, and in three hours brought forth a still-born fœtus, weighing nineteen ounces, and apparently between the fifth and sixth month. The delivery was difficult and distressing; and although there was no flooding, she was so feeble, that the midwife did not expect her to survive. The motions of the child had ceased on the 6th." 312.

On the 13th she was easier, and the vomiting ceased, and for the next three days the fever continued, with morning remissions and evening exacerbations, all the pains having abated, except those in the feet and legs. On the 16th she was so much better that she was able to undergo a judicial examination. For fourteen days she improved rapidly, but still complained of want of power in her feet and hands, with such severe pain in them as required opium to make her sleep. On the 1st October the prospect changed. The fever returned, and assumed a low type; and she died on the 19th of the same month—forty-five days after taking the second drug administered by the prisoner. The body was examined the day after death.

"The membranes of the brain were red and vascular, and serum was effused between the arachnoid and pia mater. The points of blood seen on cutting the brain were more numerous than usual. The ventricles contained a little serum.

"The sac of the pericardium also contained a little serum. The heart was

sound. The lungs adhered to the chest by firm adhesions, but were themselves healthy.

"The stomach was natural in appearance outwardly. It contained a little curdled milk. Its villous coat had a slight red colour at various points; and at the pyloric end of the lesser curvature it was very vascular, and of a dark-red hue. The redness was a diffused brownish-red blush, not referable to vascularity by the naked eye, and disposed in spots as big as a crown-piece. The small intestines were every where red and vascular; and at one part the gut was thickened along three inches of its course. The colon was red and vascular where it lies over the lower end of the stomach. No ulceration was visible in the whole alimentary canal. The uterus was large, but healthy, except at the mouth, where it was very hard, and of a dark-red colour. The vagina was natural in appearance; and so were the liver, spleen, kidneys, and bladder." 314.

We cannot follow our author through all his comments on this case, which is very complex in a medico-legal point of view, though Dr C. thinks it by no means doubtful, when the questions involved in it are clearly separated and duly considered. Dr. C. conceives that there cannot be a doubt that the miscarriage was owing to the violent irritation of the system, or consequent debility, or both together—these last being the result of poison and not natural disease. At the same time there is no chemical proof of poison having been administered—nor can the appearances found on dissection be taken into account—the cause of death being much more obscure than the cause of the early symptoms. All circumstances duly considered, Dr. Duncan and Dr. Christison came to the conclusion that it was *very probable* that the primary disorder under which the girl laboured between the 4th and 30th September, was caused by some acrid poison.

The question, "what was the kind of poison administered?" leads our author to make many interesting observations on the symptoms which attend the ingurgitation of particular poisons. These observations, indeed, are of such importance, that we shall give them in the Doctor's own words.

"There are some poisons, the symptoms of whose action are generally so characteristic, that an experienced person cannot confound them with any natural disease, or with any other poison. Others possess this characteristic action more rarely. Of the first kind are *oxalic acid* and *strychnia;* of the second, *corrosive sublimate* and *arsenic.*

"Few opportunities have hitherto occurred for ascertaining correctly the symptoms of poisoning with *oxalic acid* in those most frequent cases in which it proves fatal within an hour. The instances, however, which have been accurately observed, coupled with what is known of its effects on animals, lead to the conclusion that it generally causes a very sour taste—a sense of burning along the throat and gullet in the act of swallowing,—acute burning pain in the stomach immediately afterwards,—then violent vomiting,—next sudden failure of the pulse and strength,—and death in ten, twenty, thirty, or sixty minutes, sometimes under a state of pure and rapidly increasing faintness, sometimes at the close of one or more attacks of violent tetanic spasm.*

* This last symptom has not been noted in any of the cases hitherto published, of poisoning in the human subject. As in similar circumstances Dr.

Such a succession of symptoms, within such an interval, cannot be caused by any other poison,* or by any natural disease or combination of diseases, with which I am acquainted.

"*Strychnia* is another poison which causes almost invariably symptoms quite characteristic of its action. If, within a few minutes after taking an intensely bitter substance, a person is attacked with pure and violent tetanus, recurring in frequent fits, and proving fatal in five, ten, twenty, or sixty minutes, I cannot conceive it possible to draw any other inference, than that death has arisen from poisoning with strychnia, or some of the poisons which contain it. These symptoms are almost invariable, at least in the case of strychnia itself. There is a way, indeed, in which this alkaline principle might be administered so as to act differently, and to render it difficult to form the foregoing opinion. For obvious reasons I shall not mention it. It could only be tried with success by one very well acquainted with the properties of the poison. On the whole, therefore, a decided opinion may be drawn in almost every instance from symptoms only; and this is a point of consequence, because other medical evidence will seldom be attainable, and nothing but the difficulty of procuring the drug keeps it now out of the hands of the poisoner.

"*Corrosive Sublimate* is one of the poisons that produce characteristic symptoms only on some occasions. Several cases are on record, in which it has caused a strong metallic and astringent taste—a sense of corrosion and burning in the throat or gullet, or both, in the act of swallowing—acute burning pain in the stomach and belly soon afterwards—speedy, violent, and often bloody vomiting—afterwards purging of the same description; and on the second or third day, or a little later, more or less salivation, with fetor of the breath,—ulcers of the gums—dropping out of the teeth, and even gangrene of the mouth,—all the signs, in short, of true mercurial salivation. In the event of such a case occurring in a criminal court, I cannot see how a witness could avoid giving the opinion, that corrosive sublimate, or some soluble salt of mercury, had been taken." 320.

Dr. C. endeavours to illustrate the foregoing observations by reference to a trial which took place not long ago, on a medical gentleman in Sunderland. But as the accused was acquitted, we do not think it right to enter at all on such a delicate subject.

Dr. C. next endeavours to show that arsenic is another poison which may at times produce symptoms such as cannot originate from any other cause.

"Arsenic, when it does not prove fatal, or only after a week or upwards, often causes a singular complexity of symptoms, denoting inflammation, or at least violent irritation in the throat, gullet, stomach, and intestines; in the

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Coindet and I found it to be almost invariable in our experiments on animals, I should have felt surprise at the difference, did I not consider that very few of the cases have been seen at the point of death by a medical man, and that the symptom is almost a momentary one. (See our paper in the Edinr. Med. and Surg. Journal, April, 1823.)

* "The mineral acids which, in many respects resemble oxalic acid in their action, do not cause tetanic spasms, and never prove so speedily fatal. Of the fifty-six cases reported by Tartra, in his excellent work on poisoning with nitric acid, none proved fatal in a shorter period than six hours. (Traité de l'empoisonnement par l'Acide Nitriqué, p. 160.)"

windpipe; in the mucous membrane of the eyes and nose; in the urinary bladder, urethra, and vagina; in short, in the whole mucous surfaces of the body. In such cases too, there are occasionally eruptions of the skin; sometimes petechial; sometimes measly; sometimes miliary. And more frequently, the inflammatory symptoms are accompanied or succeeded, on the one hand, by complete or incomplete palsy of one or more of the extremities, and sometimes too, racking pains in the palsied parts; or, on the other hand, by frequent fits of epilepsy, or by both together. No medical jurist could doubt that arsenic had been given, if he met with such a conjunction of disorders. They cannot be produced by any other poison, so far as our knowledge goes; and as little can they be caused by any natural disease, or any union of diseases ever known. It is true, that such a union of symptoms from natural causes is conceivable. But if it is so, it could never take place, without its origin being clearly pointed out by collateral circumstances." 324.

The rule now laid down, Dr. C. thinks, might have been applied to two trials which happened in Britain not long ago—one of which was the poisoning of a family by Eliza Fenning. Perhaps a thorough investigation of the subject would lead to conclusions not materially different, where arsenic proves suddenly fatal. In these, death generally takes place within two days and a half, the symptoms indicating inflammation of the stomach, intestines, and even the œsophagus. The affection of the throat precedes the vomiting—the latter is often bloody, from time to time—and, after death, there are found, either in the stomach or intestines, marks of inflammation, or great turgescence of vessels.

There are three diseases whose effects are somewhat similar—gastritis, cholera, and what are called, spontaneous perforations of the stomach. Acute gastritis is rare in this country—especially such a form as would destroy life in the above-mentioned period. In respect to cholera, whose symptoms are so similar to those occasioned by arsenic, Dr. C. thinks that a diagnosis may be drawn between the two.

"1. In cholera, the vomiting is never bloody. Even in the epidemic cholera of the East, it is not; at least no such symptom is mentioned in the reports lately published by the three Indian Presidencies. 2. The sense of burning in the throat and gullet, at all times a rare symptom in cholera, always *succeeds* the vomiting. 3. I doubt whether the cholera of this part of the country ever proves fatal in so short a time as two days and a half. At least according to the experience of all my acquaintances it does not." 327.

In this Dr. C. is wrong. Two distinct cases of cholera proving fatal within 36 hours, came under our own notice during the last summer in London; and we heard of two or three more. When cholera proves fatal at all, in this country, it is within the period of two or three days. We may appeal to Sydenham, who, in his description of this disease, says it sometimes "frightens the bye-standers and kills the patient in 24 hours."

As to the spontaneous perforations of the stomach, "if the continental pathologists are correct, the symptoms closely resemble those of acute poisoning with acrids." The vomiting, however, is never bloody—and the appearances in the stomach are very peculiar.

But it is to be remembered that blood is not always thrown up in poisoning by arsenic.

The last question discussed by our author relates to the cause of the girl's death, in the case related above. The surgeons of Rothsay have, in Dr. C.'s opinion, taken an erroneous view of the subject, even after they had seen the report of Drs. Duncan and Christison. They were of opinion that, "if the poison was the cause of the girl's first illness, it was also the cause of her death." In this we certainly cannot agree with them.

That there was an inflammatory affection in the mucous membrane of the stomach and bowels between the 4th and 16th September, there can be little doubt; but that the last illness was a fever, not necessarily connected with any such local inflammation, is highly probable. Hence her death could not, with safety, be attributed to the direct or indirect operation of the poison.

"On the contrary, the irritant poisons are remarkable for the steady progress of their symptoms. There may be a few remissions and exacerbations; but otherwise the case goes on very uniformly till the person dies or recovers. They are likewise remarkable for the homogeneousness of their symptoms: That is, their character as to kind remains much the same from first to last. Some of them, indeed, do not come under this observation. For many which have been classed with the irritants, are really narcotico-acrids; and in their case the symptoms of irritation often give place to those of nervous derangement, such as coma, palsy, epilepsy, and the like. But I am not aware of the existence of any poison, which, after it has caused inflammation of the alimentary canal, and that has subsided, can then excite a protracted general fever, unaccompanied with local disease.

"This remark applies with peculiar force to the poison believed to have been given in the present case. Among the numerous examples of poisoning with arsenic which are to be found in authors, neither Dr. Duncan nor I could remember any one at all parallel. As it was only from the occurrence of parallel cases, that an opinion in favour of death by poison could be drawn, we were necessarily led to agree, that the real cause of death could not be specified with any certainty." 330.

The prisoner Munn, was found guilty of the crime of procuring abortion by administering poison; but the charge of murder was found not proven.

Here we have brought the analysis of this long paper, (occupying 55 pages of the Transactions) to a close. Dr. Christison appears to be cultivating with zeal and talent, a very important branch of medical jurisprudence, and we cannot but hope that he will persevere till he has thrown light on some of the dark paths of toxicology.

VII.

Mems. Maxims, and Memoirs. By WILLIAM WADD, Esq. F.L.S. Surgeon Extraordinary to the King, &c. &c. &c.

Quidquid agunt *Medici*,
Nostri est farrago libelli.

In our 13th Number we introduced two *novel* productions from two Collegiate *fellows* of this Metropolis, viz. "NUGÆ CANORÆ," and the "GOLD-HEADED CANE," for the edification and amusement of our readers, many of whom, from the crowded state of the profession, have doubtless abundance of time on their hands, for light recreations of this kind. The present volume is from the pen of Mr. Wadd, (to whom Fame attributes the NUGÆ CANORÆ,) and contains a great variety of Mems. Maxims, and Memoirs, as the alliterated title quaintly informs us, collected, with more labour than many of them are worth, from the musty records where they had long slept in well-merited oblivion. Take two or three at haphazard:—"1746, July 3, the Members of the Corporation of Surgeons invited to dine with the Court of Assistants."—"1712, Dr. Charles Goodall, President of the College, died."—"1721, Controversy on the Plague."—"1556, Snuff first taken by Catherine de Medici, and called *herbe à la Reine*." These are pretty good samples of the MEMORANDA, occupying 28 pages of the work. Mr. Wadd might certainly have purged this part of his book of a great mass of "perilous stuff," which must lie as a dead weight on the production. Before we quit this department, however, we shall quote two or three other memoranda, as matters of curiosity. Thus, in 1680, we find the "Marquis of Dorchester, made a Fellow of the College of Physicians."—In 1750, "died his grace, Charles, Duke of Richmond, Fellow of the Royal College of Physicians"—and the year before, we find John Duke of Montagu, to have departed this life, although a Fellow of the College of Physicians. In that same year, with such high personages in the fellowship, we do not wonder to find it placed on record by Mr. Wadd, that "Dr. Addington refuses to consult with a Licentiate."

The following piece of information follows as a natural consequence. "1767, Sept. 30, at the Anniversary of the College of Physicians, the Licentiates demanded admittance, which was not complied with. A Smith was offered ten guineas, and an indemnification of 300 pounds, to force the gates, which he refused." They will probably take a wiser way of proceeding in the present day—when reason and common sense may effect what the smith's hammers and crow-bars would fail to do.

MEMORABILIA.

Under the head of "*fees*," we have some curious facts and shrewd comments on them. It is but too well known how happy is the patient to see his doctor when he is in great suffering, or supposes himself to be in great danger. It is then, "My dearest friend," and the like. When recovering a little, it is *my good Dr., or Mr. So and So;* but the pain gone, and the danger over—it is simply good morning Dr., or Mr., without any endearing expression. Every day's experience, says Mr. Wadd, shows that "accipe dum dolet," should be the medical man's motto. He farther remarks, and very justly, that the advancement of surgical science is a benefit conferred on society, at the expense of the scientific practitioner, since in proportion as the mode of cure is, "celeriter et tuto," so is the remuneration diminished. The operation for hydrocele exemplifies this:-compare the simplicity, safety, and celerity of the present, with the bustle and bloody brutality of the old system! The business of six weeks is reduced to as many days. What is the consequence as to the *honorarium?* Does the patient increase the fee? Not a bit of it! Here is little or no *work done*—no trouble to the doctor—no pain to the patient—therefore little to pay for. But let an ignorant blunderer be six weeks remedying the effects of his own mischief—or let Nature triumph over bad practice, and we shall see what gratulations and gratuities flow to the great Apollo!

The *celeriter*, however, in the healing art, has not outstripped the improvements of the age in many things, whatever may be said as to the *tuto*. It took our forefathers a whole day to go to Brighton or Margate—which we can now do in six hours—with the trifling risk of a blow up by steam, or a few fractures by the upsetting of a *celerity* safety-coach.

The modes of medical remuneration are various in different countries. The Chinese mode of stopping the court physician's salary while the Emperor is ill, forms no simple trait in the character of that crafty people. We are informed by Southey, in his History of the Peninsular War, that Mr. T. an English surgeon, was rewarded for curing a dangerous wound in the abdomen of a court domestic, by having his picture hung up in Lapa Church, surmounted by that of the Virgin Mary, "who had enabled him to perform the cure." This was rather a disappointment, we should suppose, to the English surgeon, but he fared better than the two physicians of Austrogilda, queen of Burgundy, who were slain and buried with her majesty, by her own dying wish. These were probably the only two medical gentlemen who were ever privileged to lie in the tombs of kings and queens. On the other hand, on the death of Pope Adrian, the door of the physician's house was ornamented with a garland, bearing the inscription—"*To the deliverer of his country.*"

The following extract respecting the first founders of the College of Physicians, will not be uninteresting at the present day.

"It is singular that the college should be founded by persons who took their degrees of medicine out of the kingdom, and one of whom (Dr. Ferdinand de Victoria) was a foreigner.

"Dr. Chambre graduated at Padua; Dr. Linacre graduated in Italy; Dr. Caius graduated at Bononia; Dr. W. Harvey at Padua; Dr. Hamey at Leyden; Sir John Micklethwaite at Padua.

"Caius, Harvey, and Sir John Micklethwaite were afterwards *incorporated* Doctors of English Universities, a circumstance particularly noticed by Wood. —*Fasti*, vol. i. p. 8." 63.

Under the date of 1572, we find that it was debated at the Mansion house, before the Lord Mayor, the Bishop of London, the Master of the Rolls and others, "whether a surgeon could lawfully prescribe internal remedies," when it was decided that he could not—"no, not even in *morbo gallico*." "A surgeon was afterwards mulcted for so prescribing." In the 32d of Henry VIII. the College of Physicians inserted a clause, stating that physic comprehended surgery, and therefore "Doctors might practice surgery." In 1595, the College intimated by letter to the Surgeons' Company, their intention to proceed against all who should offend in this matter. In 1602, Chief Justice Popham gave a judgment "which produced a very flattering letter of thanks from the College." How greatly are things changed since that time! Yet some of the laws or regulations kept up to this day, are equally absurd, and far more unjust than many that have become obsolete from the alteration in times and circumstances.

From this long division of our author's work, occupying more than 160 pages, we are sorry to say that we can find little or nothing which we dare to record on our pages. The term MEMORABILIA is decidedly a misnomer—it ought to have been "OBLIVISCENDA," as containing a "rudis indigestaque moles" of things that cannot be turned to any useful account, and which can only gratify curiosity, or provoke smiles at the follies, eccentricities, or knavery, of some of our professional forefathers.

The third and last division of the work, entitled "MEMOIRS," is more interesting and useful, as consisting of short biographical sketches of men who have "strutted their hour" on the medical stage to sink and make way for others. Of some of these characters and portraits we shall take some short notice.

1. *Sir Theodore Mayerne.* This great chemical doctor having been driven from France, was received in England, and incorporated Doctor of Medicine at Oxford, anno 1606. He soon became chief physician to King James I. and appears to have dabbled in many branches of the profession, especially midwifery and *cookery*. He was also a great pharmacologist, and bit of a horse-doctor (saving the presence of the Universities) for he has left us the case, and the cure of the Queen's black horse, who was affected with epilepsy. The case is reported, of course in the Latin language, and begins thus:—"Equus est novem annorum," &c. and he states

that the horse " curatus fuit." In short, the Fellow of the College, and physician to four kings, was as arrant a quack as ever wrote his name on wall or hand bill. As to ignorance, superstition, and credulity, his powder for the gout, containing *raspings of the human skull*—his remedy for hypochondriasis, consisting of *adders, bats, sucking whelps, earth-worms, hog's grease, marrow of a stag, &c.* are sufficient specimens. These precious formulæ were introduced into the official pharmacopœia by this celebrated royal physician, on whose tomb-stone was inscribed—" *alter Hippocrates.*'

2. *Sir William Paddye.* The principal incident in the life of this eminent Fellow of the College is as follows:—The College was charged with arms, in the reign of King James, but being then very peaceably inclined, Sir William was appointed to plead the privilege of the College before the Lord Mayor and a full court of Aldermen. In this he was not only successful, but obtained the issue of a precept " *to commit all doctors not licensed members of the College.*" Like the devil in a storm, Sir William appears to have been doubly diligent in his day, and his services might be useful at the present time, when there are so many *licentious doctors* on the town.

3. *Dr. Harvey.* This most erudite physician and Fellow of the College, managed to live a peaceable life in the midst of the civil wars. He hated the hypocritical cant of that day; but thinking it best to go with the stream, he had some favourite classics done up as prayer-books, by means of which he contrived to amuse a dull hour during the ranting of some cobler or tinker. Among other liberal and patriotic donations, he left to the College " an unicorn's horn set in gold," which the College afterwards presented to King Charles, doubtless in gratitude for that merry monarch's kind letter to the College, forbidding the admittance into the fellowship of all ultra-marine graduates—a measure, by the bye, which reflected not a little on the original founders of the College, including Linacre, who were all foreign graduates!

4. *Sydenham.* Of this Father of English Physic little is said by Mr. Wadd, except offering an apology for his leaving London during the plague. It is not every one who is blessed with courage to meet this enemy voluntarily. Many reasons have been surmised for Sydenham's flight—and probably they are all wrong. Might not the cause be, a conviction in his own mind that his stay would do no good to the sick, and might endanger his own life?

" He who fights and runs away,
" May live to fight another day."

Dr. Hodges who did stay in London, lost all his practice, and was rewarded with the glory of being the supposed depository of that contagion to which he had been so much exposed. Sydenham came back when the danger was over, pure as unsunned snow—and monopolized an immense run of practice. Ainsi va le monde!

5. *Radcliffe.* Of this medical hero we recorded some traits while noticing the Gold-headed Cane. Mr. Wadd, says—"it is greatly to be lamented that the professional sagacity and decisive character of such a man should live only in tradition." If it be true that "he had as great a contempt for physic as he had for Physicians, and that it was his avowed opinion that the whole mystery of the art might be written on half a sheet of paper," we can only regret that the Doctor did not leave this said half sheet of paper behind him, as a proof and memorial of his ignorance and presumption—two qualities that have a surprising predilection for travelling in company. We do not at all wonder that, before the end of his career, he found himself incapable of curing diseases—for he evidently knew nothing about the nature of them. His prediction (if it deserve that name) of the Duke of Beaufort's death (vide page 40 of No. 13) was any thing but "the result of great talent:"—on the contrary, if it ever was made, and proved to be so correct as is stated, (which we entirely disbelieve) it was a piece of the most barefaced presumption on record. It was evident that he was a free-liver of the first water, and died a penitent, afraid of punishment for his convivial excesses. He wrote a long letter to an old pot-companion, Lord Denbigh, in the hope of persuading his lordship to abandon his wicked life ere it was too late. It does not appear that the Doctor himself relinquished the pleasures of the table and the orgies of Bacchus, till age had incapacitated him for their enjoyment. It is at this period that many pious resolutions are made, and many praiseworthy reforms put in practice!

6. *Sir Hans Sloane.* This illustrious character was a cotemporary of Dr. Radcliffe, but they were never on good terms—at which we do not much wonder. On his arrival in London, he waited on Sydenham, with a letter of recommendation, setting forth his classical, botanical, and anatomical acquirements. Sydenham, as may be supposed, did not set a very high value on these accomplishments.

"After Sydenham had perused this eulogy, and had eyed the Tyro very attentively; he said, 'all this is mighty fine! but it won't do. Anatomy—botany—nonsense! Sir, I know an old woman in Covent Garden, who understands botany better; and as for anatomy, my butcher can dissect a joint full as well—no, young man, all this is stuff; you must go to the bedside, it is there you can alone learn disease!'" 231.

Nevertheless, Sydendam afterwards patronised Sir Hans, who rose to great celebrity, though not to equal fame with his less learned patron.

Here we must close our short *sketch* of this Medical *Sketch-book*, which contains an amazing mass of "odds and ends," which must, we think, have cost the author more labour than the construction of a work that might have carried down his name to posterity. But every man to his fancy. We doubt not, that the collection of these anecdotes and biographical scraps has afforded Mr. Wadd infinite pleasure and amusement—more perhaps than the perusal will afford to the generality of readers.

VIII.

A Treatise on Gun-shot Wounds, on Inflammation, Erysipelas, and Mortification, on Injuries of the Nerves, and on Wounds of the Extremities, &c. &c. &c. By G. J. GUTHRIE, F.R.S. Surgeon to the Westminster Hospital, &c. Octavo, pp. 559, with five plates. London, 1827.

THERE was a time, and that not very long ago, when the mighty DONS of our schools and hospitals looked down with sovereign contempt on the practice of the medical officers of our fleets and armies—and deigned not to read any observations which the latter ventured to publish. Sometimes, indeed, their high mightinesses condescended to repair to our naval and military hospitals, *after battle*, in order to pick up broken bones, and such little things as might serve to make their pupils stare in the succeeding winter, or even furnish matter for sarcasm on the ignorance of naval and military surgeons. On one occasion, when the trump of war sounded so close to the chalky cliffs, that it could almost be heard there, the field of battle was covered with patriot surgeons, who gathered more laurels there than those who toiled through the bloody fight. The schools ring to this hour with the prowess of the teachers who performed such unheard-of exploits, and ventured their precious persons in the tainted atmosphere of Waterloo, some days after the battle.

But the times are altered. The medical officers of armies and fleets have planted themselves in the same field with their *civil* brethren, and the tables are turned. The former class have pretty well proved, that talent and observation are not the exclusive property of this or that school or hospital—and that those who have toiled on the field of battle can compete in private life, with those who looked with scorn on the experience gained in the cock-pit or on the pack-saddle. It is not our intention, however, to rake up old grievances, though we could retaliate with terrible effect on our traducers. At the same time, we shall not fail to enforce the claims of our military and naval brethren to such improvements as have originated with them. On this account, we shall review the principal subjects contained in the very enlarged and improved edition of Mr. Guthrie's work now before us, in the next and the succeeding Number of this Journal. At present we can do no more than announce the new edition, and introduce the preface attached to it:

"When I printed the first edition of this work in 1815, I stated, that it contained 'many opinions in opposition to those received in common by the profession, and even now taught.' I also said, that in publishing them I was desirous of making known what had been the practice of the surgeons of the British army during the Peninsular war, and to preserve for them the credit of improvements, which they alone have introduced into the science and art of surgery, and particularly in the operative part, in which they have been eminently successful." In referring to my professional brethren that credit which was their due, I by no means wished to exonerate myself

from any blame that might be attached to the practice recommended, for I was aware that some of these opinions were not common to the whole, and for these in particular, as well as for every one of them, I held myself responsible. I was contented to allow them to find their way as unobtrusively as possible into the world, satisfied they would stand the test of investigation, and be ultimately adopted as principles. In this I was not mistaken; they have not only been generally adopted, but pirated by some persons, and even advanced as something new by others, many years after I had published them. In order to put a stop to such proceedings, I shall now enumerate those points in which surgery is indebted for its improvement to the medical department of the army and the practice of the Peninsular war; and in so doing I trust I shall redeem the pledge given to the medical officers of the different branches of the public service, in the introductory lecture to my first course of lectures on surgery in 1816, that I would always defend and maintain their right to the improvements they had suggested or made against all encroachment.

"Previously to the termination of the war in 1815, and the appearance of the first edition of this work, the opinions of Mr. Hunter on the powers and capabilities of the human constitution were universally received. As general principles they did little mischief; but when they came to be acted upon, the results were not found to coincide with the principles from which they were deduced. When an injury had occured to a person in health, rendering the loss of a limb necessary, he recommended that an operation should not be performed until after suppuration had been established, a period probably of six weeks, which, even if the patient survived, was often found to be too late to be serviceable. From the failure of this practice, the contrary one of immediate amputation became gradually more general during the war, and, at its close, I not only advocated and established the propriety of it, but examined the reasoning on which Mr. Hunter's opinions were founded, and I trust have proved it to be defective. That it was so ought indeed to have been presumed, when the facts were found to be opposed to the reasons.

"It was not, however, on the single point of amputation that this reasoning led into error, it embraced the whole subject of inflammation and its consequences, which I believe can only be consistently viewed on the principles regarding the human constitution which I have advanced. The variations in the nature and appearances of erysipelas may through them be more easily comprehended, and the treatment of mortification more scientifically undertaken. The Baron Larrey had shown, that, in gangrene from wounds, amputation might occasionally be resorted to with success during its progress, in opposition to the received opinions of the schools; but he did not explain that this was entirely dependent on the circumstance of its being local. The division I have made into constitutional and local mortification, and the practice I have indicated to be followed in the different species of gangrene, from whatever causes they may have originated, as dependent on this distinction, are improvements which many are inclined to adopt, without being aware to whom they are indebted for them. There is still, however, an unaccountable slothfulness in some in neglecting all inquiry into this subject, whilst there is in others an obstinate adherence to the old practice, although invariably unsuccessful.

"The practice of the Peninsular war led, however, to another important result in surgery; it dissipated that delusion, which had so long obtained possession of the minds of surgeons of every description, 'that it was impossible to command the flow of blood through the great arteries.' I overturned at once this hypothesis, declared it to be visionary, and not only without foundation, but the reverse of fact. On the return of the medical officers of the army to London in 1814, it was not a little amusing to them

to hear teachers of surgery gravely informing their students, that amputation at the shoulder-joint was a most formidable operation, on account of the impossibility of effectually preventing the flow of blood through the arteries; and when they did notice amputation of the hip joint, it was only to declare it a murderous operation. What is the state of things now? What has the short space of twelve years done for this branch of surgery? Why almost too much. The facility with which these operations can be performed, and the safety which attends them, has been shown, and all alarm has been banished from the minds of surgeons on these points. It is now to be feared, that they may become unmindful of the precepts I have laid down demonstrating their necessity, and recommend them to be performed when others less important might suffice.

"The practice of the Peninsular war was decisive on many other points. It overturned the application of the theory of aneurism to the treatment of wounded arteries; and my paper on wounded arteries, published in 1811, in the New Medical and Physical Journal, demonstrated the necessity which existed for performing the operation at the wounded part of the vessel, and not at a distance. It showed, what is not yet well understood by many, that in no case (and this is without any exception) should one ligature above the wound be depended upon, but that another should be applied below it.

"I have proved from official documents, that the great dread entertained of secondary hæmorrhage in Gun-shot Wounds was groundless, whilst the practice in all cases has been established on more certain principles than heretofore. These and many other minor points I do not think it necessary to notice. A careful examination of the books which existed at the commencement of the Peninsular war, and a comparison of them with the observations there made on the same subject, will show in what part the alterations and improvements have taken place; whilst the work, from its continual reference to the different periods of the war, demonstrates the fact of the particular time at which each of them was established, if it does not mark that at which they originated."

Quarterly Periscope

OF

PRACTICAL MEDICINE;

BEING

The Spirit of the Medical Journals,

Foreign and Domestic;

WITH COMMENTARIES.

PART I.

"Ore trahit quodcunque potest, atque addit acervo."

1. ANEURISMAL POUCH IN THE HEART.

[M. Cruveilheir.]

In No. 12 of this Journal, page 465-6, we gave some account of Talma's death, and the peculiar disease of the heart under which he laboured—also the case of the late General Kyd, who died of this rare disease, namely, an aneurismal pouch arising from the left ventricle, which ultimately gave way, and caused instant death. M. Berard has recently brought forward two cases of this disease—a third may be found in the Morbid Anatomy of Baillie—and a fourth in the Miscellanea Naturæ Curiosorum. In these cases, as in that of Talma, the fibrous aneurismal pouch arose from the apex of the heart, and was adherent to the pericardium. In a fifth case, reported by Corvisart, the pouch arose from the side of the left ventricle—while, in General Kyd's case, the origin of the pouch was the basis of the ventricle.

Case. By M. Cruveilheir. M. N. aged 77 years, of excellent constitution, and considerable muscular force, summoned M. C. while in a state of suffocation, that took place while in the warm bath. He presented the following symptoms, viz. purple hue of the face—cold perspiration—extreme oppression—anxiety—expectoration of a spumous, sanguinolent character—hard, full pulse, quick and irregular—in short, he had all the symptoms of a severe paroxysm of asthma. On investigation, it was found that he never had experienced a similar attack before, but that ever since 1809 (the time being then 1819) he had complained of dyspnœa and sense of tightness in the region of the heart, for which he consulted the most eminent physicians of Paris, who considered the disease as spasmodic. The patient was directed to keep in the vertical posture before a window—to have pediluvia and frictions applied to the lower extremities, and to take some expectorants. By these means,

the sense of suffocation soon went off, and, in a few hours, the patient was restored to his ordinary state of health.

From that period, however, M. N. was quite an altered man. He became irritable, timid, pusillanimous, and haunted with the perpetual dread of death in one of these paroxysms of suffocation. This was the predominant idea. During the day, while surrounded by his children and friends, the terror of death was moderate; but the moment he went to bed, the dread of an attack produced, as if by an electric shock, a sense of constriction about the heart, and a strange sensation in the arm-pits and hams. The precise nature of these sensations he could not clearly describe. He could dilate the thorax, the lungs seemed free, the pulse was habitually hard and full, occasionally intermitting—capillaries of the face injected—digestive functions perfect. He was still solaced by the idea that his disease was merely asthma; but M. Cruveilheir and another physician justly apprehended that they had a more serious malady to combat—namely, an organic disease of the heart. The stethoscope had not yet been discovered; but the fulness of the pulse repelled the idea of there being any contraction of the ventricular orifices. Still there was no doubt entertained of the existence of some organic lesion of the heart. Various means were employed, in the way of hygiene as well as medicine, but not apparently with much effect. During the eight months that intervened between this attack and his death, the patient had several slight accessions of suffocation, which generally came on in the mornings, with a wheezing respiration, hard and irregular pulse, frothy and sanguineous expectoration. The fresh air, horizontal posture, and pediluvia, were generally sufficient to dissipate these attacks.

Early in July, 1820, M. N. was seized with pulmonary catarrh, which was attended with much oppression of the chest, and sanguinolent expectoration. M. Cruveilheir was called to him on the 12th. Nothing particular was done at that time. On the 15th, he was again summoned in great haste. The gentleman had gone to bed in very good spirits, and slept well all night. In the morning, a severe paroxysm of suffocation came on, and carried him off, his intellectual functions remaining unimpaired till the last.

Dissection. The lungs adhered pretty generally, were crepitant, but considerably infiltrated with frothy serum, and the ultimate branches of the bronchia were red. There were four or five ounces of serum in the left cavity of the thorax. The pericardium adhered to the heart by some filaments, especially on the left side. These being torn through, a small tumour, the size of a walnut, presented itself, standing out from the left ventricle of the heart. It adhered to the pericardium. The parietes of the tumour were very resistent. The left ventricle was hypertrophied. Between two of the columnæ carneæ, there was seen a small opening, which would admit the point of the finger, leading to the tumour or pouch above described. The parietes of this pouch were found to be cartilaginous and osseous, and lined with a fibrinous concretion. There were some calcareous concretions on the mitral valve. The coronary arteries

were completely ossified, and the root of the aorta was studded with calcareous spots.

M. Cruveilheir observes that—"here is another instance of asthma *symptomatic* of disease of the heart." It is evident that the patient died of the former, and not of the latter complaint. This is the case in a great number of chronic diseases, where the patient is often cut off by the complication or consequence of the malady, rather than by the original malady itself.

"Is asthma, then, *always* a symptomatic disease? I believe with, M. Rostan, that it is generally such in *old people*:—But I admit with nosographical writers, a primitive idiopathic asthma; and I found this belief on a multitude of cases, in which there was no evidence, during the intervals, of any organic or functional disorder in the circulation or respiration. I may cite the case of a young man, who fell a victim to the fourth paroxysm of asthma. Several large bleedings were practised, and seemed to accelerate, if not cause the death of the patient. On dissection, I could find no trace of alteration of structure in any of the organs in the chest." In a note, M. Cruveilheir remarks that he has seen bleeding relieve at one time, the paroxysm of asthma—and at other times, even in the same person, it has aggravated all the symptoms. No medicine has appeared to our author so beneficial in the asthmatic paroxysms as large doses of the gum ammoniacum. He thinks that the disease under consideration consists in a spasmodic constriction of the muscular fibres surrounding the various branches of the bronchia—which constriction is sometimes idiopathic—sometimes symptomatic.

In respect to the aneurismal pouch observed in the above, and in a few other cases, the disease is evidently of the same nature as real aneurism in the arteries of the body. It thus fills up a lacuna in the history of aneurism generally, by showing that the heart itself is subject to the disease, in the strict meaning of the word.

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2. NEURALGIA CURED BY CARBONATE OF IRON.

We are given to understand that Mr. Hutchinson, who first brought this important remedy into use, does not consider himself well treated by the Editors of medical journals, including ourselves, for not alluding to the discoverer, when they relate cases in which the carbonate of iron has been used. We had given such copious analyses of Mr. Hutchinson's publications when they appeared, that we did not imagine any of our readers could, for a moment, forget, that to him was due the honour of the discovery. However, we give this notice in order to assure him and them that *we* never had any intention of depriving the proper person of all honor due. We moreover state it as our opinion, that the introduction of the carbonate of iron in neuralgic affections was a most valuable measure, and highly deserving the thanks of the profession. For let it never be forgotten, that each individual who successfully employs the discovery of *another*, acquires reputation for *himself*, since his patient attributes to him the merit of the cure.

Some cases have recently been communicated to Mr. Hutchinson by Dr. Darwall and Mr. Wickenden, all exemplifying the efficacy of the carbonate of iron in neuralgic affections,

1. The first case was that of a lady 64 years of age, who, for two years had been afflicted with severe pain in her face, apparently in the ophthalmic branch of the fifth pair of nerves. In June, 1823, the patient experienced a sudden augmentation of the malady, and calomel, purges, leeches, opium, &c. were prescribed without relief. The subcarbonate of iron was then given, in drachm doses, every six hours, and the patient was completely relieved after the sixth dose. She continued well.

The pain in this lady's case was so excruciating in the right suborbital nerve that she sometimes went for weeks together without daring to wash her face.

2. The second case also was under the care of Mr. Wickenden. The pain was seated in the upper lip, accompanied by convulsive twitches. Drachm doses of the specific soon cured the disease.

3. We shall only allude to one more case, communicated by Dr. Darwall. The patient was a young woman, who was affected with severe neuralgic pains in the face, of an intermittent character, and confined exactly to one half of the face and neck. Her health was otherwise good, but her tongue was furred, and she was subject to indigestion. After evacuating the bowels, she took a scruple of the carbonate of iron twice a day, for a week, when she reported an absence of the pain for three days. She omitted the medicine, and the pain returned. The iron was therefore resumed, and continued better than a fortnight, when a cure was effected.

A second case is related by Dr. Darwall, which, as far as one case goes, would lead us to hope that this remedy may prove useful in more than neuralgic or periodical complaints. A gentleman was affected with syphilitic pains, coming on with great severity in the night, particularly affecting one knee, and accompanied by swelling both of the knees and ankles. Half a drachm of the subcarbonate of iron was ordered three times a day. After the second day, the pains ceased, sleep returned, and he complained only of weakness.

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3. ON THE PASSAGE OF SUBSTANCES INTO THE URINE.

[By Dr. Whoeler. Zeitschrift fur Physiologie von Tiedman.]

This indefatigable physician has made a great number of experiments, with the view of determining what substances pass from the stomach or other parts of man and animals into the urinary secretion—and what we are to infer from this phenomenon. The faculty of medicine, of Heidelberg, decreed the prize to Dr. Whoeler, one of the most distinguished students of that school. We are sorry that our limits prevent us from giving the details of these experiments—we can only afford space for the results. The greater number of these experiments were made on dogs, to which animals the various substances were given in a little paste when their stomachs

were empty. They were carefully watched after the ingestion of the experimental matters, and afterwards killed by prussic acid, as the most sudden and the least cruel mode of destroying life. Dr. W. rejected the plan of tying the œsophagus to prevent vomiting, in these animals; justly considering that such an operation must make an impression on the nervous system of the animal that would be very likely to derange the various secretory and excretory functions, and thus vitiate the conclusions. This circumstance has, unfortunately, been too much overlooked by experimental physiologists, and the deception, we fear, has been great in consequence. As it was found to be impossible to introduce a catheter into the bladders of dogs, it was a fortunate thing for the experimenter that he met with a dog, who could be made, at any time, to evacuate the bladder by means of threats. This animal served for a great number of experiments.

I. Physiological Deductions.

It results from the numerous experiments, detailed in the Essay, respecting the substances which pass into the urine, that the following deductions are legitimate:—

A. Iron, lead, alcohol, sulphuric ether, camphor, animal oil of Dippæ, musk, and the colouring matter of cochineal, twinsole, vegetable green, and alkanet root, do not pass into the urine. Neither is the quantity of carbonic acid in the urine augmented by the ingurgitation of liquids containing much of that acid.

B. We find in the urine, but in a decomposed state, the following substances:—hydro-perferro-cyanate of potass (transformed into hydro-protoferro-cyanate)—the combinations of potassa and soda with the tartaric, malic, and acetic acids (in the form of alkaline carbonates)—and the hydro-sulphate of potass, (generally in the form of sulphate of potass.)

C. Substances which form new combinations with certain matters of the animal body, and which are secreted in this state by the kidneys are:—sulphur, which passes in the urine, in the state of sulphuric acid, and hydro-sulphuric acid—iodine, evacuated in the form of hydriodate—the oxalic, tartaric, gallic, succinic, and benzoic acids, which are found in the urine combined with an alkali.

D. The substances which pass into the urine unchanged are as follow:—the carbonate, chlorate, nitrate, and the hydro-chlorate of potass, (the latter, however, more frequently decomposed,) hydro-protoferro-cyanate of potass, subcarbonate of soda, hydra-chlorate of barytes, silicate of potass, tartrate of nickel and of potass;—many of the colouring principles, as of indigo solved in sulphuric acid, of gamboge, rhubarb, logwood, beetroot, black cherries, &c.—many of the odorous principles, (partly modified in odour,) as oil of turpentine, juniper berries, valerian, assafœtida, game, castor, saffron, opium, &c.—the narcotic principle of agaricus muscarius, (of Kamschatka)—and, in sickness, oil.

Notes ad A. The causes which prevent some substances (*A*) from passing into the urine, may probably be the following:—1. Certain matters are so changed by digestion and chylification, as to be no

longer appreciable in the urine. This may easily be conceived of many of the colouring and odoriferous principles. 2. Other substances, as being more congenial to the animal organism, may be completely assimilated, and entirely employed in nutrition. 3. Others, again, may probably be expelled from the system by other channels than the kidneys, as, for instance, camphor and other odorant principles, which may escape by perspiration and pulmonary exhalation 4. It is probable that some substances, when arrived in the intestinal canal, change into an insoluble state, and become incapable of absorption—or they may so act, by virtue of their astringent qualities, on the mouths of the absorbent vessels, as to indispose these vessels to take them up. This is probably the case with tannin, and the salts of lead, iron, and other metals.

Ad B. The circumstance of some substances passing into the urine in a decomposed state, may be attributed to two causes diametrically opposite. Thus the transformation of hydro-perferro-cyanate of potass into hydro-protoferro-cyanate, may depend on a deoxidation by some animal substance—whilst, on the other hand, the passage of hydro-sulphate of potass into the state of simple sulphate, may be owing to oxigination in the act of respiration.

Ad D. In respect to the fact of many substances passing into the urine little or nowise changed, it may be observed that most of these substances are of a diuretic nature, and consequently are *excitants* to the kidneys—hence our author thinks he may safely conclude, that whatever excites the kidneys is secreted there with the urine. It is certain, however, that many things prove diuretic without being secreted in the urine. Affections of the mind, venesection, &c. have frequently the effect of exciting the action of the kidneys. Our author comes to the conclusion, (which indeed is the most ancient doctrine,) that all the proximate principles of the urine pre-exist in the blood. This is the conclusion, also, to which Messrs. Prevost and Damas came, as the result of their experiments.

II. Therapeutic Deductions.

The strong disposition possessed by the vegetable alkaline salts, to be converted into carbonates, in the animal economy, and to pass off in this form by the kidneys, naturally leads to the conclusion that these salts must prove useful in the internal treatment of uric acid formations and depositions in the kidneys and bladder. The alkaline carbonates have been found by experience useful; and are to be given, but not too long, as they weaken the digestive powers. For these we may often substitute with advantage the supertartrate of potass, the sulphate of potass and of soda, the acetate and citrate of potass, and those fruits which contain vegetable alkaline salts, especially cherries, strawberries, &c. These last are found to render the urine alkaline, and may be taken with less disturbance of the digestive organs than the alkaline carbonates.

Acting on this principle, Professor Chelius prescribed cherries to a man who was passing considerable quantities of gravel in the form of uric acid. The disorder disappeared. When the cherry season

was over, he took lemonade and cream of tartar with equal advantage. The author has found the supertartrate of potass extremely useful in the same disease.

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4. DYSENTERY OF MADEIRA.

On this subject Dr. Benton has published a paper in the second volume of the Edinburgh Medico-Chirurgical Transactions. Our notice of it shall be short, as it relates merely to the treatment—a subject about which medical practitioners are now less divided than on most other subjects. The disease appears to be very frequent and very fatal in Madeira, especially in the summer and autumn, when it spares neither age, sex, nor station in society. If taken early the disease is manageable; but if neglected, even for a day or two, it frequently baffles medical skill. Dissection is rarely permitted—but when obtained, ulceration of the mucous membrane, generally of the colon, is almost invariably found. In respect to the treatment, Dr. H. observes, from some years' experience, "that in this most formidable and destructive endemic, mercury given boldly and perseveringly till the mouth becomes decidedly affected, is the remedy chiefly entitled to confidence. So thoroughly has repeated observation convinced me of the comparative insignificance of other modes of treatment, and of the efficacy of this, as well as of the freedom from ill consequences, immediate or remote, attending its employment, that, aware of the danger of trifling with the disease at its commencement, I should consider myself guilty of playing with the life of a fellow creature, in hesitating to use it even in cases where there is merely a threatening of the disease." "The whole secret seems to consist in beginning *early*, and in pursuing *steadily*, the object we have in view, before the continuance of the disease has produced any organic lesion, or that degree of constitutional disturbance which is found in all cases effectually to resist the action of mercury." "Out of the many hundreds of cases which I have seen, and treated, I am not aware of a single instance in which I have been foiled in my endeavours to produce salivation, when the patient has applied for relief at the very outset of the disease, and has attended to the directions given him." Calomel with more or less opium was the most convenient form, giving it every three or four hours until the gums became sore. This happens in 24, 36, or 48 hours, "when, instead of the small and bloody stools, and torturing tenesmus, frequent and copious evacuations, of a highly morbid character, take place; with a most gratifying change in the state and appearance of the patient." The motions next become less frequent, and gradually improve in quality. There is some return of appetite and sleep, and recovery generally follows, without any other remedy. Every case in which our author employed venesection terminated fatally.

We need not touch on any of the cases detailed, as they merely exemplify the foregoing methodus medendi.

We may observe that the treatment of iritis and dysentery, both

of them active and dangerous inflammations, by mercury, might convince medical men that the sweeping assertions that mercury is always a powerful stimulant, are erroneous. We would ask such asserters, on what principle they explain the curative process?

5. GASTRODYNIA.—M. BARRUT.

In the month of September M. Barrut had occasion to see a young man, 16 years of age, who, for fifteen months previously, had been declining in health. The symptoms were reported to be, painful digestion, weakness in his limbs, disgust towards food, head-aches, cold chills, great coldness of the feet. For some time the youth bore up against the malady, and then applied to a physician, who ordered emetics and drastic purgatives. This treatment aggravated the complaint, and he was soon obliged to keep to his bed. A blister was applied to the epigastrium, without benefit—the physician lost the confidence of the family—and the patient was left to the resources of Nature, without any medicines. The symptoms now became mitigated, and returned to their original condition, above-described—the moral and physical powers of the young man being in a state of the greatest prostration. When M. Barrut visited him, he was in extreme emaciation and hebetude—the pulse quick—face rather flushed—tongue furred, but red at the point and sides—appetite sometimes annihilated, sometimes voracious. He pronounced the disease, in his own mind, to be *chronic gastro-enteritis;* and therefore ordered mucilaginous drinks, and leeches to the epigastrium. The former part of the prescription was followed, but not the latter. In a few days our author called on the patient, and found him much worse. He was in a state of great irritability, and it was then evident that he was kept in a state of irritation by his parents. The system was changed—he was ordered light nourishing animal food, with a moderate allowance of old wine mixed with cold water—to be clothed in flannel—and to take regularly increased exercise of all kinds, carried to the extent of moderate fatigue. M. Barrut kept his eye on the patient for a fortnight, and directed all his regimen and exercise. The change for the better was surprising. In a short time he was entirely well, and grew up a fine stout young man. It is to be remarked that, for some days after commencing the animal food, the patient suffered severely in his digestive organs; but the inconvenience gradually subsided as his strength increased.

M. Barrut candidly confesses that he came to this case with a prejudiced mind—and that he saw, or fancied he saw, nothing but a "superb" *gastro-enterite.* Had the patient gone on with leeches and gum water, he would probably have died. This treatment was as injudicious as the original one by emetics and drastic purgatives. The mental irritation had a great share in the gastric affection;—when this was withdrawn, and light animal food with generous wine prescribed, the cure was soon effected.

6. ASCITES WITH PREGNANCY.

We have brought forward several cases in this Journal, where the operation of paracentesis was successfully performed during pregnancy. The following is another addition to the list, from the practice of Mr. James Russel, as recorded in the Medical and Physical Journal for May.

Mrs. Kelly, in the sixth month of pregnancy, was visited by Mr. R. who found the abdomen greatly distended—the legs œdematous —and the rest of the body emaciated. There were present also dyspnœa and constipation of the bowels. She was bled, and took calomel and jalap, which measures relieved the urgent symptoms, and Mr. R. was not again called for a week or ten days; when dyspnœa and painful tension of the abdomen were complained of. She was again bled and purged, with relief; but, in ten days more, the dyspnœa and cough was so alarming, that Mr. R. decided on tapping. The patient was now in the seventh month of pregnancy. The trocar was introduced two inches below the umbilicus, and twenty-three quarts of fluid were drawn off. The cough ceased, the respiration became free, and the tumefaction of the labia pudendi and legs soon subsided. She went on improving for more than a month, when labour came on, and she was quickly delivered of a feeble and emaciated child, which only lived ten days. In two months, the dropsical accumulation had again got to some size, and required the operation of paracentesis, which evacuated thirty quarts of water. The dropsy was a third time returning, when Mr. R. lost sight of the patient.

This, and other cases on record, prove the safety, and even the propriety of the operation during pregnancy. In general, the labour comes on soon after paracentesis; but in this instance it was otherwise.

7. SALIVATION FATAL.

Mercurial salivation, especially in adults, is so rarely fatal, that the following case deserves record—more as a curiosity, however, than as holding out any rule of conduct by which we can be guided in future; for here there was no misconduct on the part of the medical practitioner, nor any apparent peculiarity in the constitution of the patient, to contra-indicate the use of mercury.

Case. A soldier, 22 years of age, was admitted into a Regimental Hospital on the 22d February, for the treatment of chancres situated at the base of the glans penis. Half a drachm of mercurial ointment was rubbed in every second day, and a grain and a half of the oxymuriate of mercury being divided into four doses, he was ordered to take one dose on alternate days. On the 9th day, having made five frictions, and taken the above quantity of oxymuriate, salivation appeared, and the mercury was discontinued. The ptyalism ran high; and low diet, cooling aperients, gargles, and various other means were resorted to, but without the least effect in checking the salivation. The tongue became greatly swelled and indurated—the cheeks ulcerated—the gums were destroyed, and the teeth loosened. De-

glutition was extremely difficult—and the nights sleepless. The venereal ulcers rapidly disappeared. Leeches were applied in succession to the face and neck, and opiates were given, with the view of procuring some sleep. But nothing arrested the progress of the ptyalism, and its devastations on the mouth, tongue, and throat. On the 5th of April, incisions were made into the tongue, with the hope of relieving the swelling of that organ; but little good effect resulted. By the 18th of April the salivation began to diminish, and ceased entirely by the end of the month. The swelling of the tongue disappeared, and the ulcers of the mouth healed. But the man continued pale and emaciated, complaining of sense of heat in the epigastrium, and having cough, without expectoration. Early in May, expectoration appeared, and was accompanied by diarrhœa. He soon began to throw up purulent matter, and he died of rapid pulmonary consumption on the 14th May, not quite three months from the commencement of the mercurial treatment.

On dissection, the mouth, and parts contained in it, were found perfectly healthy. In the left lung a large abscess presented itself, full of fetid matter, a quantity of which was extravasated into the bag of the pleura on that side. There was nothing particular in any other part of the body. *Journal Complementaire, Fevrier.*

The above is a melancholy case; but is it to prevent our administering mercury in a similar case of syphilis? Two or three drachms of mercurial ointment, and a grain and a half of oxymuriate of mercury in nine days, are not quantities of the mineral from which any danger can be apprehended, under ordinary circumstances—and the extraordinary circumstances, that is, the idiosyncrasies of constitution to which mercury may be poisonous, are utterly incognizable, till the mischief is done!

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8. SECTION OR LIGATURE OF THE PNEUMO-GASTRIC NERVES.

[Professor Mayer, of Bonn.]

In a series of experiments, the above-mentioned Professor endeavoured to ascertain the cause of death from section or ligature of the pneumo-gastric nerves. He chose the latter mode of experimenting in general, because the death was then more gradual, and the effects of the ligature more easily ascertained. By these experiments, he thinks he has refuted the conclusions to which Dr. Philip came, respecting the influence of these nerves on digestion. But the Professor is evidently unacquainted with the discovery which Dr. P. made, and which we ourselves witnessed, that mere section of the nerves, without separating considerably their cut extremities, was insufficient for the interruption of digestion. The nervous influence was still transmitted along the divided nerve, if the extremities were left in contact, or nearly in contact. The mere ligature, then, of the par vagum, would be attended with a still greater vitiation of the experiment, as far as digestion was concerned. It is interesting, however, to observe the phenomena produced by the interruption of nervous energy in other organs and parts, besides the stomach.

The following are the results of numerous experiments:—

1. Professor Mayer always observed that when death took place some considerable time after the ligature of the nerves, there were found in the heart and lungs those white coagulations formerly called polypi. These concretions occupied the cavities of the heart, and also the arteries and veins of the lungs. Willis, Baglivi, and others, indeed, had noticed the same phenomena, but did not attach sufficient importance to it. These coagulations are soft, and of a black colour, if the death take place suddenly after the operation—that is, within ten or twenty hours. If death do not take place till after 40 hours, the concretions are white and like polypi. It is to these formations that the Professor attributes the death of the animal, by interrupting the circulation. The nervous influence being withdrawn, or greatly diminished, the blood loses its fluidity, and begins to coagulate and become decomposed, as if it were out of the body. Hence we may conclude that the fluidity of the blood is owing to nervous influence These facts, Professor M. thinks, may tend to throw some light on the nature of asthma, which is probably owing to a temporary diminution of nervous energy, and consequently to an incrassation of the blood in the lesser circulation.

2. Another frequent, but not constant accident, which takes place after the ligature, is the entrance of alimentary matters rejected from the stomach into the trachea, from the relaxed state of the glottis. This accident generally destroys life very quickly. In these experiments an antiperistaltic movement takes place in the stomach, by which the food is thrown up into the pharynx, and there enters the aerial passages.

3. In some rare cases there takes place an infiltration of air under the mucous membrane of the bronchia, from a rupture of that membrane, and an emphysema is the consequence. This accident terminates the life of the animal, by suffocation.

4. A remarkable and constant phenomenon which was observed, consists in an antagonism (as it may be called) between the pulse and the respiration. The activity of the heart is often doubled—while the respiration is rendered much slower than natural. Notwithstanding this slowness of the breathing, the temperature of the animals remained nearly stationary.

5. In these experiments, the gastric digestion was not interrupted, except where the antiperistaltic action of the organ took place, and consequently where the food was ejected. These experiments, then, were considered as subversive of those of Dr. Philip; but, for the reasons already stated, they do not at all affect the results of the English Physiologist.—*Zeitschrift fur Physiol.*

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9. GLOSSITIS TREATED BY INCISIONS.

[Mr. Martin. Ed. Journal.]

A stout man, aged 35 years, had been employed in building a wall, on the 7th of February; and, in the evening, felt acute pain in his tongue, at first confined to a point, but soon extending over the

whole surface. The lingual arteries throbbed violently, and the saliva was tenacious—there was restlessness, with some fever and headache. The tongue increased in size till it protruded from the mouth and separated the jaws. On the 9th he consulted Mr. Martin. On examination, the organ felt smooth and hard, with a thick coating of viscid saliva—countenance anxious—fever. The patient was bled from the arm to 30 ounces, with some relief. The venesection was repeated to the same extent in an hour afterwards—and then he could articulate somewhat intelligibly. In three hours more the lingual tumefaction had increased—respiration through the mouth was impracticable, and that through the nostrils was difficult, pulse fluttering, breath offensive—in short, suffocation was threatened.

A deep incision was made in the most prominent part of the right side of the tongue, from whence issued a quantity of blood and pus, with evident relief. Two other incisions were made when the first ceased to discharge blood. The bleeding was promoted by gargles. In a quarter of an hour after the first incision, the patient could articulate distinctly—the respiration became free, and the countenance cleared up. Next day he might be said to be well.

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11. PROTEIFORM MALADY.

The following authentic case of a disorder extremely prevalent in this country, but which, under various disguises, passes for other complaints of a very different character, is recommended to the inexperienced practitioner, as an instance that may awaken his attention to a most fruitful source of deception in the practice of his art.

Case. Mr. B. aged about 31 years, of a robust constitution, and, from infancy, (with the exception of one or two bilious attacks,) in the enjoyment of uninterrupted health, had contracted a gonorrhœa, which, though unattended by any aggravated symptoms, had continued to be troublesome for two or three months. He consulted a surgeon in the country where he happened then to be, by whose advice he used astringent injections; but still continuing to feel irritation in the urethra, with a slight discharge, this person suggested to him the probability of a stricture, and recommended the introduction of a bougie, which was accordingly done. The operation was attended with such sudden and violent pain, that he, Mr. B. was with difficulty kept from fainting. The pain and irritation thus caused continued to increase till the following day, when inflammation of the testicle came on. An aperient was immediately given, with doses of antimonial powder every four hours, and poultices were applied. A general and extraordinary disturbance of the system followed. The tongue became thickly furred, with much fever, great anxiety, and restlessness, and also slight delirium, and obstinate constipation of the bowels. Evacuations, were, however, at length obtained, by means of powerful aperients, and enemas, and the antimonial powders were continued. Within 48 hours after this

attack, Mr. B. was in such a state of exhaustion, as to be unable to raise himself in his bed without assistance, experiencing extreme disorder and distention of the stomach and bowels, and the most distressing hysterical symptoms, the organs of speech being affected in a very remarkable manner. His condition appeared so alarming, that a physician was called, who prescribed such remedies as alleviated the above-mentioned symptoms, and the antimonial powders were discontinued. The local inflammation gradually subsided, and Mr. B. was slowly recovering the effects of his late attack, when the surgeon who had attended him suggested the probability of a connexion between gonorrhœa and lues. With a view to complete the cure, (as he said,) and, to guard against any lurking taint, he recommended a slight course of mercury. The mercury was persisted in till the metallic taste was perceptible, when it was discontinued.—Pain in the testicle and adjoining parts continued still to be felt, extending down the thighs and legs, and also severely affecting both the hip-joints. The warm-bath was then recommended, "to get the mercury out of the system." This state continued for about three weeks, when Mr. B. was suddenly attacked by a most severe pain, extending from one eye to the other, across the upper part of the bridge of the nose, accompanied by a very distressing and copious perspiration. The perspirations becoming frequent, the medical attendant prescribed sulphate of quinine, which was accordingly taken for a short time. About a month after the attack of pain in the bridge of the nose, the pain that had hitherto been felt in the thighs, legs, and hip-joints, suddenly ceased, and about five days elapsed without pain of any kind; when the patient was again suddenly seized with very violent head-ache, pain in the bridge of the nose as before, and in the right shin bone. Mr. B. being in the neighbourhood of *****, went there for the purpose of consulting Mr. *****. This was in the beginning of October, 1826. On the road to *****, his face was exposed to a very cold wind, and the same night, he was seized with most acute pains in the nose and shins, the former being much swollen on the following day. Mr. B. considered that this attack might be the effect of cold caught after taking mercury. On the second night, Mr. B. was seized with violent spasmodic twitchings in the thighs and legs, which lasted the greater part of the night, but were at length relieved by perspiration. The pains in the head, nose, and shins continued for three months, becoming gradually less, but attended by clammy sweats of a very distressing nature, which generally came on in the morning, on waking. About this time, the pain in the nose frequently extended to the two front teeth. Having found that exposure to the cold air invariably brought on severe pains in the nose and face, Mr. B. was obliged to confine himself altogether to the house. Towards the latter end of this period, the stomach and bowels were much distended with flatulence, attended by much pain, and dyspnœa Mr. B. continued under the care of Mr. *****, who seemed to confine himself to watching the symptoms, giving him small doses of rhubarb or Epsom salts to keep the bowels open, as they were in a very inactive state.

Early in the month of January, of the present year, about 6 o'clock one evening, Mr. B.'s tongue was suddenly seized with a spasmodic contraction, the point being turned downwards towards the root; and, as the evening advanced, he experienced increasing nervous irritation, the tongue becoming quite fixed, and the voice inarticulate. On Mr. B.'s arrival, he ordered him to bed, and gave him a sudorific, which acted powerfully. Hysterical symptoms, with great distress and distention of the stomach, came on, with alternate fits of delirium and deep depression of spirits. He continued in this state throughout the night. It should be remarked that, for some days before this attack, the bowels had been in a very costive state; the evacuations, when they occurred, being small and extremely hard. Mr. *****, on the night of this attack, had given him some pills of colocynth, which not operating, he prescribed in the morning a very strong dose of salts, senna, and magnesia, which produced, in the course of the day and following night, a dozen or more of copious, very dark coloured, and excessively fetid stools. The effect of this was to mitigate the general symptoms, but the perspirations continued, producing great distress, and the tongue was still tied down. A very singular effect was invariably produced on the voice, when any violent access of perspiration came on, and then the hysterical symptoms returned with aggravation. Dr. ****, of ****, was called in, and, in consultation with Mr. *****, the complaint appears to have been, for the first time, considered as a disorder of the digestive organs. In order to check the perspirations, nitric acid was given in the decoction of sarsaparilla, and the senna, salts, &c. were taken every morning at first, and afterwards every second morning. Under this treatment, Mr. B. continued for about six weeks. It may be observed that, for some weeks, both before and after this attack, the least attempt to read or write brought on immediately the most violent head-aches. The tongue, however, had become gradually unbound towards the end of the six weeks; but the head-aches had got more severe, and, finally, the stomach revolted at the nitric acid. This circumstance, and the quantity of lithic acid deposited in the urine, induced Dr. **** to substitute carbonate of soda in the decoction of sarsaparilla, at the same time continuing the purgation as before. At the expiration of a fortnight, the soda, disagreeing with the stomach, was also discontinued; and the compound colocynth pill given in lieu of the salts and senna. But, as the doses were moderate, the bowels again became constipated, and continued so for two or three days, at the expiration of which, a sudden and violent salivation came on, quickly producing extreme debility and depression of spirits. The flow of saliva amounted, for the first five or six days, to at least a pint a day. Great relief to the head and tongue immediately ensued, which caused it at first to be considered as a salutary effort of nature; but, on its continuing and producing very distressing effects, and Mr. B. becoming much emaciated and weakened, Dr. **** tried an astringent gargle, which had no effect; and, the debility increasing, Mr. B. left *****, about the latter end of March, for Torquay, in the hope that a change of air, &c. might benefit him. There he remained till within a week. (27th June.)

He has persisted in the use of the colocynth pill up to the present time; the spitting still continues, with little intermission; and although he has availed himself of every possible means of obtaining benefit from air and moderate exercise, chiefly in a carriage, he gains neither flesh nor strength.

Such is the history of this remarkable (though by no means uncommon) case, which the patient presented to the reporter, on the 27th June last. Mr. B. is a gentleman of very active habits, when in health, and had recently spent some time among the blue mountains in Jamaica, exploring the geology of those interesting regions. The history of the case and the appearance of the patient left no doubt in the mind, as to the true nature of the malady; and the first question which the reporter asked Mr. B. was this:—"did you experience any *mental* affliction a short time before this complaint commenced?" The gentleman seemed surprised—and, after a pause, he observed that he *had* experienced some most distressing *moral* afflictions, previously to the commencement of the train of *physical* phenomena above described. This unravelled the mystery. The nervous system had received a shock—the digestive organs became deranged in function—and then the whole of the nervous system was soon rendered morbidly susceptible to every impression. The Proteian malady, as may be seen, has already assumed many forms, though as to nature essentially the same in all. It will probably assume many more, unless the chain of morbid sympathies and associations be broken by the plan which has been laid down for the invalid. This plan is a tour among the mountains of Switzerland, with rigid temperance. It may be observed that such is the state of morbid sensibility in his stomach and bowels that he dares scarcely take as much food as is sufficient to support nature. The consequence is, extreme emaciation. He has been advised by the reporter to gradually increase the quantity and vary the quality of his food and drink, as he proceeds on his journey, increasing also his corporeal exercise in proportion as his muscular power returns. He is desired to take no other medicine than just as much of the compound colocynth extract, with rhubarb and ipecacuan, as will keep the bowels in daily action. Under this plan it is confidently hoped that recovery will take place, as, on accurate examination, there is no evidence of any organic disease in any part of the body.

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11. TRANSFUSION OF BLOOD.

[Mr. Fox. Med. and Phys. Journal.]

The following fact is added to those now accumulating in respect to this interesting subject.

A female, aged 30, having advanced to the sixth month of pregnancy, was suddenly seized with labour pains which terminated in expulsion of the fœtus. Considerable hæmorrhage ensued, and Mr. Fox's attendance was demanded. He found the patient greatly exhausted by loss of blood, the pulse being feeble, and syncope im-

pending. The placenta not having come away, Mr. F. directed the patient to take laudanum and some stimulants, while cold water was plentifully applied to the lower part of the abdomen. At the same time the hand was introduced into the uterus, where an hour-glass contraction was found, with the greater part of the placenta in the upper portion. The hæmorrhage continued to an alarming extent, but was arrested by irritating with the fingers the internal surface of the uterus, while pressure was made externally. The hæmorrhage controlled, there was still reason to apprehend immediate dissolution from extreme exhaustion—the power of articulation, motion, and deglutition having completely failed. The pulse was imperceptible, and the countenance of the patient wore the aspect of death. A common tea-cupful of blood was injected from the vein of a by-stander, occupying about six minutes. The pulse now became perceptible, and articulation was soon practicable, as well as deglutition. The arterial action and vital energy now returned rapidly, and the recovery was complete.

We have already more than once observed that an unreasonable degree of scepticism obtains respecting the efficacy of transfusion. If the patient dies, the inutility of the measure is pronounced upon without appeal. If the patient recover—Oh! it was by the powers of Nature, and the transfusion had nothing to do with the recovery! Thus the supporters of sanguineous transfusion are very hardly treated, and it becomes absolutely impossible to satisfy the scepticism of their opponents.

12. LIGATURE OF THE COMMON ILIAC.

[Dr. Mott. New York.]

Professor Mott of New York, has recently performed this operation for the cure of aneurism, which, although but of ten days standing, occupied the whole extent of the vessel, from within the ligament of Poupart, to some distance above the origin of the internal iliac artery. The tumour was of large size, protruding the belly considerably at the iliac region; the patient suffered excruciating pain, which appeared to increase, as the tumour enlarged. Dr. Mott's incision extended from the external abdominal ring, to one or two inches above the crest of the ilium, dividing the tendon of the external oblique, and cutting through part of the origins of the internal oblique and transversalis. He then cautiously raised the peritoneum with his fingers, and succeeded in detaching it entirely from the tumour and vessels, without doing it the slightest injury.

The artery was then examined, and the aneurismal dilatation was found to cease at about half the distance between the bifurcation of the aorta and the origin of the internal iliac branches. The ligature was passed from the outside of the vessel, by the aid of the excellent instrument recommended by Drs. Parish and Hewson,* care-

* See their valuable paper in the Electic Repertory, on ligature at the subclavian, &c.

fully avoiding the iliac vein. The protrusion of the intestines rendered this part of the operation the most difficult. After the ligature was passed around the vessel, the wound was held open in such a manner as to allow the medical gentlemen present to see, and satisfy themselves of the exact situation of the ligature, which was just below the bifurcation of the aorta into the primitive iliacs, and on the side of the sacro-vertebral promontory. The ligature was then drawn tight and secured, the pulsation of the tumour ceased, its size was much diminished, and the patient was relieved from the agonizing pain, previously unremitting.

The wound was lightly dressed and the patient put to bed; the limb of the side operated on, was cold, as might be anticipated; it was wrapped in cotton, and covered up to preserve the temperature, until the circulation could be restored. To the great surprise and gratification of the surgeon, in little more than an hour after the operation, the circulation and temperature were entirely restored, and all fear respecting the supply of blood to the limb, effectually dissipated.

No untoward circumstance has since occurred, now nearly a month, subsequent to the ligature of the artery. The patient has complained of no inconvenience, but a peculiar sensation of fulness or tension in the limb, as if the small vessels had not yet become accustomed to their new office in sustaining the great mass of the circulation for the support of the member. We heartily rejoice at the successful result of this case, for the sake of our fellow creatures, the character of the profession, and the reputation of Professor Mott, who is not more distinguished for admirable skill in operating, and the success of his practice, than for those qualities of head and heart which endear him to such as are under the necessity of submitting to the last and dreadful resort of surgery, the knife.—*Phil. Journ. Med. Science.*

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13. CYNANCHE LARYNGEA—BRONCHOTOMY.

[Dr. Wm. Cullen. Ed. Journal.]

The patient was a female, aged 35 years, to whom Dr. C. was called on the 14th of March, and found her labouring under great difficulty of breathing, especially of inspiration, with flushed face, copious perspiration, prominency and redness of the eyes, anxiety of countenance, paroxysms of dry cough, pulse 120, voice nearly extinct. She pointed to the larynx as the seat of severe pain, and said she felt a load on her chest. The thorax sounded well, but the respiratory murmur was faintly heard with the stethoscope—no râle. The history of the case showed that the patient had laboured under chronic laryngitis for some time, with great obstruction about the rima glottidis. Purgatives were exhibited, and afterwards opium and ether—blister to the sternum—pediluvia. At one o'clock of the same day, the symptoms had become so exasperated, that bronchotomy was deemed the unicum remedium. It was performed with the assistance of Dr. Craigie. The opening was made between the cricoid and thyroid cartilages, but as it was found too small to admit a large tube, a part of the thyroid cartilage was slit up. An artery

of considerable size was divided, but did not require a ligature, although blood was sucked in at each inspiration. The presence of the tube excited coughing; and a tough expectoration was ejected through the canula. The patient soon breathed easily through the tube, and "the woman said she felt very much relieved." The patient put her finger on the tube when she replied to Dr. C's questions. Without this she could not, of course, articulate. The tube was kept in a fortnight, and then removed, without any inconvenience, and the wound was healed.

Dr. C. is convinced that the operation of bronchotomy was absolutely necessary in the above case, and we are bound to believe it was, on his statement of the symptoms. At the same time we are rather surprised that the tube could be dispensed with at the end of a fortnight, where the disease was originally chronic laryngitis. A sudden attack of acute cynanche might render necessary bronchotomy, and the cause of the operation might be dissipated in the above period; but in chronic cases, there is generally so much change of structure as to require the artificial opening much longer.

Dr. Cullen is decidedly wrong in one physiological remark which he has made. "As soon as an opening is made in the trachea the patient can no longer cough." We can aver in the negative to this. We sat up a whole night with a patient after a tube had been introduced, and the patient coughed out the tube several times in the course of the night. True it is that the patient cannot close the top of the trachea, one of the actions in coughing—but the other and main action, the "violent expiration," can be readily performed—and this is, to all intents and purposes, the phenomenon of coughing. Dr. C. is therefore wrong in saying that a patient with a tube in the trachea or larynx "can only produce a current of air too weak for the purpose of expectoration." We have seen a patient throw out matters through a tube in the trachea, with such force as to project them twelve feet from the bed where he was lying. The patient to which Dr. C. alludes, as having died a few minutes after the operation, in whose trachea some coagulated blood was found, did not die, we are convinced, from the simple inability of expectorating matters after the introduction of the tube. There must have been some other cause. In the very case which Dr. C. has published, there was no expectoration noticed *till after* the tube had been introduced. Indeed it is not a little singular that while Dr. C. maintains that a person with a canula in the trachea cannot cough, he has distinctly stated that—"on the first introduction of the tube *a fit of coughing supervened*, attended, to my great surprise, with expectoration through the canula of a tough semi-transparent mucus, &c." Many a theoretical notion has been thus *surprised* by contradicting facts! Nevertheless we give Dr. Cullen all due credit for his operation.

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14. SUCCESSFUL AMPUTATION OF THE HIP-JOINT.

[Dr. V. Mott—of New York.]

Another successful case of this formidable operation is now placed on record to the honour of modern surgery. It is the first instance

of the kind which has occurred on the western side of the Atlantic, and entwines an additional wreath of laurel around the brows of Dr. Mott, who is already distinguished as one of the boldest and most adroit surgeons of the United States.

The patient was a fine healthy boy, ten years of age, who broke his thigh, one-third of the bone's length from the hip-joint, and seems to have fallen into hands well calculated for giving Dr. Mott the present opportunity of performing a brilliant operation. Be that as it may, the patient was brought to New York in September, 1824, in a condition that left no other chance for life but amputation at the hip-joint. The following is Dr. Motf's concise and modest account of the operation.

"On the 7th of October, 1824, the patient, after having passed a comfortable night, was placed upon the table in order to be operated on. An incision was made over the femoral artery as it emerges from under the femoral arch, and the vessel secured by ligature. While feeling on the outside of the artery for the lesser trochanter, the pulsation of a vessel apparently but little smaller than the femoral artery immediately below the ligature, convinced us that in this case the profunda femoris was given off above the femoral arch, as we occasionally find it. This vessel was taken up.

"Lisfranc's knife was then introduced between the artery and bone, and carried through close by the neck of the femur towards the tuber ischii, thus forming the inner flap. The external flap was formed by cutting from without inwards. The hæmorrhage from the veins and small arteries was considerable when the incisions were made, and numerous vessels were taken up; but comparatively little blood was lost during the operation, and the patient was put to bed shortly after it was completed. After the inner flap was cut, some of the surgical attendants examining the lesser trochanter, pronounced that the head of the bone was *not diseased.* In order to satisfy the doubts expressed, the bone was sawed through the lesser trochanter, when it was found to be of the consistence of cheese, being denuded of periosteum on the outer side up towards the joint, and requiring to be removed, which was afterwards done, as originally contemplated.

"It is scarcely necessary for us to enter into the detail of symptoms and treatment subsequent to the operation, as nothing occurred worthy of note, except various degrees of irritation of the stomach and whole system, previous to the coming away of the ligatures. The treatment consisted in regulating the diet, and administering anodyne and tonic medicines according to circumstances.

"On the 15th of October, eight days from the operation, two-thirds of the stump were healed by the first intention. Between the 17th and 31st of October, all the ligatures, seventeen in number, were removed; and by the 20th of November the whole stump was effectually healed, and the boy had become fat and lusty.—*Philadelphia Journal*, 103.

15. CEREBRAL AGENESIS.*
[Salpétrière.]

The species of paralysis described in this memoir, takes place in the fœtus or in early infancy, and depends on one of two causes—the first being an imperfect developement, without alteration of structure, in certain parts of the brain—the second, an alteration of structure, accompanied by a defective developement of the part affected and of the neighbouring parts. The whole of these have been designated MALFORMATIONS of the encephalon, and the unfortunate individuals thus circumstanced, have been termed monsters, or monstrosities.

Formerly it was supposed that the nerves took their origin from the brain and spinal marrow; but modern researches have proved that they arise from the different parts to which they were formerly supposed to be sent, and thence concentrate towards the brain and spinal marrow, for the purpose of keeping up the known relations between the sensorium and system at large. It is clearly ascertained that the nerves are formed before the spinal marrow—and that this last is formed before the brain;—in short, the encephalon, strictly speaking, is the last part of of the nervous system which is formed by the hand of Nature. It is also a well-known law in the animal economy that, in proportion as the parts are early formed, they are free from defect in organization—hence the frequency of malformations in the brain as compared with the spinal marrow and nerves. Our author thinks, and we agree with him, that the term *atrophy* is an improper term for imperfect developement of the brain. He has therefore adopted the word *agenesis*, which is quite unobjectionable in all respects. Dr. C. has pursued the following order in his researches—1mo. Complete cases, that is, where dissection took place; accompanied by remarks on the correspondence between the encephalon and the other parts of the system. 2ndo. Incomplete cases, (unaccompanied by dissection,) with deductions as to the nature and seat of the cerebral alterations. 3tio. Descriptions of the organic and functional alterations of the members. 4to. The influence of the malformed brain on the other parts of the system and their functions. 5to. Considerations on the epoch at which this cerebral *agenesis* takes place—its comparative frequency, and the parts of the brain most subject to these malformations. 6to. To determine whether paralysis always takes place in the side opposite to the cause in the brain. 7to, and lastly, researches as to the causes, real or presumed, of this cerebral agenesis.

COMPLETE CASES.

1. *Case of primitive or congenital Agenesis of the Right Hemisphere.* Mary Masson, aged 59 years, presented the following defective developement in the left side of the body. The left arm was much less voluminous than the right, but was nearly of the same

* Researches on Cerebral Agenesis and Congenital Paralysis. By J. B. CABAUVEILH, Intern of the Civil Hospitals of Paris.

length—while the lower left extremity was much shorter, but nearly as thick as the right. All the motions of the left arm were so imperfect, that the member was rendered quite useless. The left lower extremity, from its shortness, caused great lameness, and deformity about the pelvis. The sensibility of the left side, as well as the sight of that eye, was very feeble. The defect of the intellectual faculties was not so striking. She spoke little, and her answers were very laconic. Her temper was mild and unirritable. For a long time this woman had laboured under hypertrophy of the left ventricle of the heart. An acute pneumonia supervened, and she died in hospital under the care of Messrs. Roston and Ferrus.

Dissection. The body was opened in the presence of Messrs. Cazaux and Lalesque, when the following appearances presented themselves. The skull was thick, and the dome over the *right* hemisphere was rather flattened. The meninges and vessels of the encephalon were natural. The convolutions of the *right* hemisphere were less developed than those of the *left* side, which last was of much greater volume than the other. The left lateral ventricle was more spacious than the right. The corpora striata did not materially differ in length, but in thickness they did. The right thalamus nervi optici was much less than the other. There was no appreciable difference in the two sides of the cerebellum, tuber annulare, or medulla oblongata et spinalis. The left side of the heart was hypertrophied, and the right lung hepatized.

We forgot to remark that this woman had an impediment of speech; but how far this impediment was connected with the imperfect developement of the left side of the brain, it would be difficult to say. There can be little doubt, however, that the atrophy of the members and the defective sensibility of one side of the body were dependent on the congenital agenesis of the brain.

Case 2. Congenital Agenesis of the Left Hemisphere of the Brain —Paralysis of the Left Side of the Body. A female, aged 51 years, died in the Salpétrière in the month of August, 1825, of acute pneumonia, who had been affected with congenital paralysis of the right side of the body. The whole of this side, the face, the mamma, the upper and lower extremities, were much less developed than the corresponding parts of the other side. The arm and leg were not only smaller but shorter than their fellows, and the arm was quite contracted. The motility of these members was much more deteriorated than the sensibility, which last, however, was somewhat obtuse. The intellectual faculties were evidently below par.

Dissection. The convolutions on the surface of the *left* hemisphere were much less prominent than those of the right—and indeed the whole of the *former* hemisphere was much smaller than the other. The right hemisphere was nearly half an inch more in diameter than the left. There was no appreciable difference in the ventricles, corpora striata, or thalami optici. The same might be said of the two lobes of the brain, and of the two sides of the medulla oblongata et spinalis. The nerves of the atrophied members appeared as large as those of the sound members.

Case 3. Mary M.——, aged 68 years, who had long gained her livelihood by selling milk in the Salpétrière, had been deprived almost entirely of voluntary movements in the upper and lower extremities of the right side since her earliest infancy. The power of the arm had always been extinct; but its volume was as great as that of the other arm. The right lower extremity was considerably undersized in all respects, as well as shortened. Locomotion was performed by means of a crutch, and that very imperfectly. The woman was seized with acute pneumonia, and soon died after her reception in the infirmary of the Salpétrière.

Dissection. The cranium, membranes, and vessels, presented nothing particular. The anterior lobe of the *left* hemisphere was less developed than the corresponding one of the other side. In the interior of the former was found a cavity capable of containing an almond, and communicating, by means of a small fistula, with the lateral ventricle of that side. The cavity was lined by a red membrane, with bands crossing from side to side. There was no fluid in the cavity. The two lateral ventricles were of equal dimensions; but there was great inequality in the corpora striata and thalami nervorum opt. The *left* corpus striatum was one-fourth smaller than the *right*, and contained very little medullary substance. Nearly the same difference existed between the two thalami ner. opt. All the other parts of the cerebral and spinal system were equally balanced. The muscles of the paralysed limbs were small and flabby; while the nerves were larger and of a yellower colour than in the sound limbs. The state of the intellectual faculties was not ascertained by the medical attendants; but they were reported to be below par.

Case 4. N——, aged 27 years, died in the Salpétrière on the 7th December, 1825, of chronic gastro-enteritis, on which had supervened acute pneumonia. This woman presented a defective developement throughout the whole of the right side of the body. The arm was shrivelled and contracted, and possessed but little motility. The right lower extremity was less than the left, and its motility very imperfect, so that the individual was quite lame. The mouth was habitually drawn to one side, and the pupils of both eyes equally dilated. Sensibility was somewhat defective in the atrophied side. The intellectual faculties were considerably below par. She could not freely express with her tongue the limited range of ideas generated in the mind.

Dissection. The *left* frontal region of the head was much less salient than the right—while the posterior or sincipital region of the same side was in an opposite condition. The meninges were infiltrated. The whole of the anterior lobe of the *left* hemisphere was much flattened, and the substance of this lobe softened, in the centre, and in a well defined space. The ventricles were filled with serum, but there was no other appreciable inequality of developement or structure in the two sides of the brain or spinal marrow.

The above cases are followed by a statement of several others in which the patients, paralytic from birth, are still living, and conse-

quently the correspondence between the state of the brain and the atrophied members unascertained by dissection.—*Archives.*

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15. ON THE UNMIXED EFFECTS OF MERCURY ON THE SYSTEM. BY DR. MUSGRAVE, OF ANTIGUA.

Dr. Musgrave, who is already well known to the readers of this Journal, having recently spent some time in the intellectual city, was rather astonished at the general belief there, that the more aggravated affections of the bones, periosteum, throat, and skin, formerly regarded as *venereal*, are, in reality, *mercurial*. This opinion being at variance with the results of twelve years' experience in a climate where mercury is extensively employed, Dr. M. has laudably determined to make these results known to the profession, through the medium of our respected northern cotemporary.*

Dr. M. admits, what every practitioner must admit, that, in certain constitutions long charged with the venereal virus, mercury will be found to aggravate the symptoms, which will often be relieved by a substitution of sarsaparilla or the nitric acid. The same observation he applies to phagedenic chancre. He has, therefore, no unreasonable prejudice in favour of mercury. The following query addressed to the Editor of the Edinburgh Journal is sufficiently pertinent.

"Assuming for a moment this question to be one on which you were entirely without bias, and it became an object with you to ascertain beyond dispute any given effect of mercury, whether beneficial or injurious; what part of the world, let me ask, provided all were equally accessible, would you select as the field of observation and inquiry? Would you content yourself with an investigation instituted by a class of practitioners here, who, sparingly, and with hesitation, prescribe its various preparations by the grain and the half grain?—Or, would you not deem it more satisfactory to ascertain the consequences of its employment under a tropical sun, where, setting aside much deplorable *abuse*, even the most cautious among us,—keenly alive as we are to the inconvenience, nay, the absolute danger of its undue accumulation in the system,—are yet frequently compelled, by paramount necessity, arising from past

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* Since our last, we have learnt that our junior cotemporary of the North, (the Ed. Journal of Medical Science,) has been discontinued. This is the second quarterly medical journal that has ceased to exist since the commencement of the present year. The failure of the Edinburgh Journal has excited some surprise, considering the extended plan of co-operation on which it was formed, and the number of eminent men who were said to have been embarked in the undertaking. We apprehend that no medical journal can exist long on such a plan. Where the writers' names are concealed, the *honour* or *credit* of the productions is lost to the owners; and no medical journal can long continue to secure talented pens by the mere force of money.

experience of the otherwise fatal result, to administer calomel *by the scruple*, or to repeat smaller doses of from five to ten grains at intervals so brief, as to be justified only by the consideration that we decide between two evils, the greater of which is *death?*

"Or,—to put the query in another shape,—Let us suppose that you had strong grounds for conjecturing that some peculiar morbid affection,—it little matters what,—was the offspring of a certain agency, which had hitherto eluded suspicion; the effect in question being universally attributed to causes of a different kind. Would you, in such a case look for a confirmation of your conjecture, in the more general prevalence of this affection, towards districts where the influence of the suspected cause was only *partial?*—or would you not rather resort to those where you knew it to be in *full* and *extensive* operation?" 39.

The replies to such queries are too obvious to require any notice, but the following conclusion deserves insertion.

"In order, therefore, to establish a conclusive case against them, framed upon admissions thus extorted from themselves, it will be merely necessary for me to show, *first*, that a practitioner, *ceteris paribus*, would see as much mercury exhibited within *one* year in the West Indies, as another could possibly do in *five*, whose sphere of observation was limited to Edinburgh and its neighbourhood: and, *secondly*, that notwithstanding this lavish consumption within the tropics, we, who have laboured there for a series of years, have not only failed to discover those pernicious consequences for which anti-mercurialists contend, but have had constant occasion to remark, that examples of what is called secondary syphilis are comparatively rare, under circumstances which, had they the shadow of foundation for their suspicions, ought to render such cases as numerous, or nearly so, as the sum of inhabitants in an island." 39.

Dr. Musgrave next proceeds to give a slight sketch of the practice usually pursued in West-Indian diseases, with the view of conveying some idea of the extent to which mercury is there given.

Fevers. The works of Chisholm, Johnson, and Armstrong, are averred to be still the standard guides in the West Indies. In the more concentrated forms of fever, Dr. Musgrave's experience leads him to think that the use of mercury, *as a sialagogue*, may be dispensed with, in order to give full scope to sanguineous and intestinal depletion. The purgative medicines, however, must contain a large proportion of calomel. But the practitioner is liable much more frequently to encounter a form of fever which, from its masked character, lulls the patient into a mistaken security—"and this form is, undoubtedly, treated with the greatest success by the rapid induction of ptyalism." Dr. M. describes a dangerous epidemic which ravaged the Island of Antigua in the latter part of 1823, in the form of a malignant intermittent. In this epidemic mercury was the mainspring of the treatment. "By its unrivalled

power in equalising the distribution of the blood, the accumulated mass, lying stagnant in the almost palsied organs, was gradually put in motion. These organs consequently resumed their suspended functions—the wonted secretions were again established, and, being copiously poured forth, the system thus became relieved from an overwhelming oppression." Calomel was the preparation principally used—and before salivation could be induced, it was often necessary to give some hundreds of grains—seldom less than one hundred. In Dr. M's practice, a liberal addition of camphor economized the quantum of calomel. These circumstances should be borne in mind, when we come to inquire what were the sequelæ or effects of this large introduction of mercury, in so great a variety of constitutions.

2. *Erysipelas.* This, in Antigua, stands next, in importance, to fever. Dr. M. properly considers it as much a constitutional disease as gout, and as prone to metastasis. The practitioners of the island had ascertained, long before Dr. Musgrave's time, that saturation of the sytem by means of mercury, was the only effectual remedy. "Ptyalism was the usual companion of convalescence."

3. *Dry Belly-ache.* Dr. Musgrave's opinions and practice in this disease are known to our readers, by a paper in our number for January 1826. The mercurial treatment is that which is trusted to in Antigua.

4. *Liver Complaints.* It is unnecessary to remark on the common practice of exhibiting mercury in this class of diseases.

5. *Tetanus.* In this dangerous complaint, Dr. Musgrave places most reliance on large doses of calomel, in combination with opium and camphor, preceded by copious bleeding. An external application of oil of turpentine and laudanum, when there was a wound, was employed, and turpentine purgatives were exhibited. Dr. M. has been fortunate enough to see numerous recoveries from this terrible malady, by this plan of treatment.

6. In dysentery, rheumatism, and all acute inflammations, whether of the head, chest, or abdomen, which assume a menacing character, calomel and opium were commonly relied upon, with emetic tartar or camphor, or both, after or in conjunction with blood-letting, purgatives, and blisters. To this list may be added those ill-conditioned sores, *not venereal*, to which the slaves are occasionally liable. These are removed by alterative doses of mercury, without which they will baffle every kind of treatment.

It appears that between the years 1814 and 1826, Dr. Musgrave and his partners received from Messrs. Gordon and Graham, druggists in London, one hundred and eleven pounds of calomel, 61½ of blue pill, and 131 pounds of strong mecurial ointment—all of which was expended in their public and private practice in the island.

After this it can hardly be doubted that Dr. M. has had ample experience of the effects of mercury on various constitutions; and he goes on to assert that, in all this time, he has never either seen or heard of a single case where symptoms, bearing the stamp of secondary syphilis, (in the common acceptation of these words,) were even *suspected* to be the offspring of mercury administered for any other disease—that the *only bones* he has ever seen immediately or ultimately affected by the most aggravated cases of mercurial mismanagement, were those of the upper and lower jaw, whose vitality might have been partially destroyed by a process of denudation, caused by extensive sloughing within the mouth, involving their periosteum. The only other bad effect which he has seen, was one instance of paralysis of the portio dura, apparently resulting from thickening of the conduit through which that nerve passes. Here, then, is strong evidence in corroboration of the statements made by Ballingall, Bampfield, Johnson, and other tropical writers, that mercury, *per se*, does not affect the bones in the manner supposed by the new light gentlemen of the Scottish metropolis. Dr. M. goes on to state facts which leave no doubt that the syphilitic poison itself is amply sufficient to affect the bones without any assistance from mercury. These effects of the poison he has had peculiar opportunities of witnessing among young slave girls, who often conceal their complaints till the malady is far advanced.

We strongly recommend a perusal of Dr Musgrave's paper to all those who have taken up the modern *hydrargyrophobia*, (if we may be allowed to coin a word for the occasion,) and who not only neglect a powerful auxiliary to blood-letting in many acute diseases, but falsely ascribe to it evil effects on the bones and other structures of the body, for which there is no foundation. As for the Edinburgh philosophers, they are beyond the reach of cure. There is always some epidemic insanity raging in medicine, and this is one of them. The hallucination is fast subsiding, and it is useless to apply any thing but the strait-waistcoat to madmen. When the intellect returns, we may reason with some chance of advantage.

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17. OBLITERATION OF THE AORTA.—SCIRRHOUS DISPOSITION.

The Medical Society of Tours has published some memoirs, in one of which is an account of a case, the particulars of which are deserving of record. A woman, 36 years of age, of good constitution, and who had enjoyed good health till the age of 30, then perceived, in the anterior and lower part of the arm, a small, moveable, but not painful tumour, which gradually increased to the size of an egg, when it became very painful. It was extirpated by M. Dupuytren in 1821; but returning again, the operation was repeated by Dubois. The healing of the wound required the *arsenical paste*. In July, 1824, the woman felt shooting pains a little above the old cicatrix, and soon after had some slight fits of coughing, attended with constriction in the chest, but no expectoration. Catamenia continued regular. In October, the cough became

violent, the breathing short, with paroxysms of suffocation, diminution of appetite, loss of sleep. Towards the latter end of November, all these symptoms acquired much intensity. On the 9th December she was removed to the Hospital of St. Come. Her appearance differed little from that of health. She had little thirst, no fever, respiration slow, short, and difficult. It was pronounced by M. Bougon that there was cancer of the lungs. The suffocating fits and dry cough increased—pulse calm—abdomen soft and hot—tender. On the 11th January, 1825, the lower extremities appeared to be paralysed, and the patient died, though still somewhat corpulent.

Dissection. A scirrhous swelling above the original scar—similar tubercles in the thyroid gland, and between the muscular fibres of the right thigh—scirrhous depositions in the substance of the heart—between the ribs and pleura—in all points of the lungs, some as large as a small hen's egg. Some of these tumours had the appearance of scirrhus, some of brain. Stony, calcareous masses occupied the mesentery—others of a medullary nature, the omentum. Scirrhous tumours were found beneath the mucous membrane of the stomach, duodenum, small intestines, gall-bladder; likewise in the kidneys, pancreas, and liver, which was gorged with them. In the interior of the cava inferior, a cylinder of a greenish colour and fibrous texture, was found. Below the third lumbar vertebra, the aorta was filled with a cylinder of a yellowish gray colour, in which was observed a small quantity of puriform matter. In the common and iliac arteries was a substance having the character of ancient coagulum. The texture of the vessels themselves was not altered. All the arteries above the obstruction, were free, and of greater size than natural. There were some tubercles found in the head.

M. Velpeau has adduced the above case as one eminently calculated to show, 1st, The alteration of the fluids in disease—2ndly, The possibility of obliterating the aorta, without producing death of the lower limbs.—3rdly, The general disposition, known by the name of the "cancerous diathesis."—4thly, The origin of cancer from other than inflammatory causes.—*Mr. Churchill, Med. and Phys. Journal.*

We might here ask the question, had the application of arsenical paste to the wound, any share in the developement of this tubercular disposition (for we think the term *cancer* is hardly justified) throughout this unfortunate patient?

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18. MR. BELL ON STRICTURES OF THE RECTUM.

Mr. Bell, in his late lectures at the College of Surgeons, as reported in the Lancet, Nos. 205-6, has touched on the subject of strictures in the rectum. He observes that there are *four kinds* of stricture of this gut, which are necessary to be recollected. The *first* is that which takes place in the integuments around the anus, similar to that which takes place around the mouth, sometimes to such an extent that the patient can hardly take in nourishment through

a crow quill. The integuments become firm, lose their elasticity, and become so thickened that a probe can hardly be introduced without great suffering.

The *second* kind of stricture is that which is consequent on piles. The distention of the hæmorrhoidal vessels produces inflammation, and inflammation causes a deposit of coagulable lymph, with loss of elasticity and diminution of caliber in the gut, till the smallest bougie cannot be passed in.

The *third* species of stricture is what is meant by common scirrhus, ascertained by the feeling and the locality. In examining a patient with this complaint, the finger always passes up to the first joint before the contraction can be felt. The stricture takes place at the margin of the inner sphincter. It is occasioned, by habitual constipation, where great straining is used, forcing down a fold of the inner membrane of the gut across the sphincter, where it remains, and is felt by the finger.

The *fourth* kind is the scirrho-contracted rectum, for which the third kind is often mistaken. It is a cancerous disease, beginning in the glandular texture of the part, and resembles the scirrhous contraction of the pharynx. There is great danger in interfering rudely with this disease. In one season Mr. Bell met with three fatal cases of scirrhous stricture, from officious meddling—one in the rectum, one in the vagina, and one in the urethra.

But there are other ways in which the passage of the fæces may be obstructed. There is a very common disease consisting of "a bagginess within the rectum," which very much resembles stricture—and a still more common complaint, caused by constipation and straining—and this is a sudden turning or twisting of the gut where it ceases to be called the sigmoid flexure, and commences to be rectum. This twist will take place for days and months, from straining, and produces all the obstruction which true stricture produces.

These strictures of the rectum are to be removed by regulation of the bowels, so that one copious evacuation may be daily procured, and the bowel allowed to be at rest in the interval. Glysters are useful, as clearing the rectum without irritation. Mr. Bell advises small injections of linseed tea to be thrown up at night, and permitted to remain. The third indication is the bougie—but this is not applicable to all cases. "For instance, for stricture in the very verge of the anus, you had better use the *knife*, and that is the only case in which you can use the knife."

Mr. Bell advises lint to be carefully introduced with a probe, so as to form a kind of ball inside of the stricture, by which the rectum may be drawn out a little. When this is done, a circular piece is to be cut away by sweeping the knife round the verge of the anus.—The Lecturer passes some severe *strictures* on those authors who recommend indiscriminately the use of the bougie, "without one hint being given to the reader that he may cause the patient's death by it." After candidly detailing a case where he caused the death of the patient by too freely dilating the rectum by a speculum ani, in a young gentleman, Mr. B. makes the following caustic observation on the speculum and bougie folks:—"You must think that they

must have studied surgery in a *cutler's shop*, rather than have been considering the nature of the parts on which they are to operate." We have seen good and evil result from the bougie, as from most other measures in medicine and surgery; but we think the following observation is equally as *sweeping*, and consequently as *unjust*, as some of those doctrines on which the lecturer is dealing out his animadversions.

"Now, having this experience (alluding to the young man who was killed by the speculum ani) am I not bound to tell you that the *simple dilatation* of the anus with the speculum *will produce disease*, and that a peritoneal inflammation *will come on from it;* and you will easily conceive what one feels when he hears others recommending the use of the speculum, and that a great deal may be accomplished by bougies."

Surely Mr. Bell's own good sense must tell him that this unqualified language delivered, ex-cathedra—from the very fountain and source of surgery—from under the very portals of Machaon and Podalirius—and what is more than all, from the mouth of Mr. Charles Bell, must proscribe the speculum ani in toto, as well as the bougie—and, in short, put full one hundred pounds per annum out of the purse of that excellent cutler, Mr. Weiss—an ungrateful reward for all Mr. Weiss's "ingenious contrivances." Mr. Bell's *quondam* opposite neighbour in Windmill-street, (Mr. Thompson,) will also be a great sufferer from this and some former *strictures* of the Lecturer on bougies.

An accident prevented us from attending this lecture of Mr. Bell's, at the College, and therefore we cannot say whether or not it is fairly reported; but this we will say, that, as it is now put upon record, it is calculated to do some injury as well as good. Bougies are very useful instruments in strictures of various canals; and the mischief which they occasionally produce in rash or unskilful hands, does not fairly authorize the unqualified reprobation which is used in the lecture as here reported.

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19. GENERAL SUBCUTANEOUS EMPHYSEMA.

The following curious case is related by M. Vitry, in the *Archives Generales*, for March of the present year.

Case. A child, 26 months old, of good constitution, had a diarrhœa, then constipation, with loss of appetite, sleep, and spirits. On the 22d of December she had severe fever, which confined her to bed. M. Vitry was called in, and applied six leeches to the epigastrium, with lavements and emollient drinks, which relieved the symptoms during the night and next day, when the fever returned with great intensity, accompanied by severe abdominal pains. The pulse was quick but feeble—tongue moist, white at the base and red at the tip—thirst ardent—cough—obstinate constipation. Neither bleeding, lavements, abdominal fomentations, frictions, nor other remedy had any effect in relieving the symptoms, till the twelfth day of the disease, when copious alvine evacuations were procured, followed by a marked remission of the abdominal pains and the fever.

But with this amelioration of the abdominal affection, the cough increased, so as to become constant; accompanied by extreme agitation, and afterwards intense fever, indicating acute bronchitis. Leeches were now applied to the line of the trachea and bronchia, but without any relief.

On the 5th of January, to the foregoing symptoms were added considerable dyspnœa, especially when placed on the left side—face pallid, except the right cheek—thirst urgent. Six leeches to the intercostal spaces under the right axilla, without relief. *6th*, The child had a most tremendous convulsive fit of coughing, soon after which, a swelling appeared at the upper part of the chest, which spread to the neck and face. The tumefaction was evidently emphysematous, and attributed by M. Vitry, to the bursting of some of the air-cells during the cough. The little patient's state became more and more alarming—the restlessness extreme—the sense of suffocation imminent—the extremities cold. During the *7th* and *8th*, the emphysema made progress, invading the whole sub-cutaneous cellular tissue of the head, thorax, and abdomen. The swelling was so great, that M. Vitry despaired of its absorption, and therefore he determined to make some incisions for facilitating the escape of the air. In consultation with several physicians of Versailles, two incisions were made between the ribs, and towards the sternum on each side of the chest, when air was evolved in great quantity. In four hours afterwards the little patient was greatly relieved; but on the *10th*, two other incisions were made, and the air was freely discharged. From this time, the cough diminished and the child rapidly recovered.

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20. STENOCARDIA, OR ANGINA PECTORIS.

The following, with some observations, will be found in the Repertor. de Med. of Turin.

Case. N. de Volpedo, aged about 60 years, of robust constitution and active disposition, had been affected with several attacks of thoracic inflammations, as well as inflammations of the throat. Towards the end of August 1826, he consulted Dr. Ricotti for an affection of the chest, said to be of five or six months' standing. This came on in paroxysms every day, of longer or shorter continuance, and was considered to be attacks of angina pectoris. The accessions commenced with pain in a single point of the left side of the chest, which soon spread over the whole cardiac region, accompanied by a sense of tightness and oppression in the heart, shortness of breath, acute pains in both arms, and numbness in his hands. The least motion of the body or limbs greatly augmented these symptoms, and he was momentarily threatened with suffocation and syncope. There was a great wish, in these paroxysms, for fresh air. These attacks came on several times a day—and he seldom escaped them for two or three days in succession. They lasted from 20 to 30 minutes, and left the patient suddenly in a state of tremor about the heart, with numbness of the fingers, which went off in a few

minutes. In the intervals the patient was perfectly well, all the functions being regularly performed. The paroxysms were easily brought on by any emotion of the mind, whether of a joyous or melancholy nature, or by sudden changes of temperature in the atmosphere. Various physicians were consulted, and all appeared to view the disease as a spasm of the heart, and recommended repose and antispasmodics. Every thing, however, proved useless, and in one of these paroxysms, he expired on the 8th September, 1826.

On dissection, the heart was found flaccid and pale, lying in the cavity of the pericardium like an empty bag. There was a white spot on its anterior surface, near the apex. The lungs were gorged with blood of a blue colour. The liver was greatly enlarged, pressing up the diaphragm, and occupying a large portion of the chest.

M. Ricotti attributes the whole of the phenomena, in this distressing case, to the mechanical impediment offered to the heart's action by the encroaching liver. But this is unworthy of a word of refutation. The flaccid and almost rotten state of the heart itself is the true cause of the phenomena in this direful malady.

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21. INFILTRATION OF THE LABIA PUDENDI.

[Dr. W. P. Dewees.]

Among the variety of accidents consequent on parturition, this is neither the least common, nor the least formidable. It is a sudden and excessive distention of the labia pudendi or only one of them, with blood, either during the progress, or very quickly after the birth of the child. It is generally confined to one labium—and, in Dr. Dewees's practice, it has always occurred *after* the birth. Mr. Burns thought the accident was owing to the rupture of a vessel within the nympha; but our author is of opinion that the blood comes from vessels within the vagina, as the quantity is sometimes very large indeed—viz. to the amount of five pounds or more. The vessels, therefore, which furnish such a quantity, and so suddenly, must be of considerable size. In Dr. D's cases, the formation of the swellings required but a very few minutes for completion. Sometimes, however, the formation is slow. This complaint has been mistaken for the distended and protruded membranes, and also for hernia; but a careful examination will easily detect the true nature of the case. Its colour and position are different from those of the above-mentioned conditions. Its position is lateral—unless where the infiltration is double, and then there will be a sulcus between—its colour is that of extreme lividity, or entirely black, resembling neither the membranes nor hernia.

Owing to the unequal density of the external covering and internal face of the labium, the latter becomes irregularly distended, and scarcely any thing is seen but its excessively stretched internal surface. The internal lining of the labium sometimes gives way, and a quantity of fluid or coagulated blood escapes, thus diminishing the extreme anguish of the patient. In all cases there is great pain—in some, it is so severe as to cause syncope. If the bursting do not

take place in the first instance, the tumour is sure to yield, in a short time, from gangrene. When the part sloughs, it exposes a large surface of coagulated blood, which quickly becomes decomposed, and yields an intolerable stench. If the parts do not give way, the pain is agonizing—fever of an active kind is soon kindled up—delirium takes place, and the woman's life is endangered. Her sufferings are augmented by the retention of urine, and nothing but artificial relief can be relied on.

When fever attends, general blood-letting is necessary—and a free incision should be made into the tumour to give vent to the extravasated blood. This should be done without waiting for the process of ulceration, or the chance of bursting. The urine should then be drawn off, by pressing the enlarged labium to one side, and introducing the catheter if necessary. Purgation and the usual antiphlogistic measures must, of course, be added to the above means. A charcoal poultice will help to prevent the inconvenience of the fetor, and lotions of dilute solution of chloruret of lime will be very useful.—*Philad. Journal, May*, 1827.

22. HOMŒOPATHY.*

As there is said to be a time for all things, probably the present time is one when we ought to cry, rather than laugh, seeing the profession torn with dissentions and contentions from the South Foreland to the Pentland Firth—the patrons and the professors of Universities at drawn-daggers—and what is far worse, at *law* with one another—physicians and surgeons at war with, and warred on by their respective Colleges, and carrying their petitions and litigations into Parliament and Courts of Justice—one class of the profession endeavouring to supplant another—in short, the contest carried down to individuals, so that in every town, and almost in every street, the foot of one man is opposed to that of his neighbour, while the press inflames the ire of contending parties, and ever and anon cries out—"war even to the knife!"

In such a state of things, it is charitable in our venerable cotemporary of the North, to place before the public a GERMAN FARCE which, unlike the apple of discord, must raise one universal and harmonious laugh among all ranks of the profession. Our cotemporary has acted on a celebrated precept of antiquity, laid down by no less a personage than Homer himself, and put on record by the wily Ulysses:—

> "Hear me, my friends, who this good banquet grace,
> 'Tis sweet *to play the fool*, in time and place."

From what has been observed above, we think there cannot be a better time or place, "to play the fool," than the present; and sincerely do we hope that grim-visaged war may smooth his angry front, and "chain the red dragons of his iron car," while attending to the entertainment which our humorous friend, Mr. Spry, has provided for the occasion!

* Mr. Spry, Ed. Journal, July, 1827.

The scene of the Homœopathic farce, is, as it ought to be, laid in Germany—that huge protuberance of *ideality* in the brain of Europe; and the dramatis personæ are *Professor* Hahnemann and his disciples. It may not be improper to remind the audience, that the principal actor, viz. the said Professor, "for a long time prepared his own medicines, *to prevent their being known*, and was eventually expelled from Leipzig for thus encroaching on the privileges of the apothecaries, and for persisting to keep his remedies a secret."* The Professor has therefore been obliged to pitch his tent on a kind of No-man's-land, "situated between Magdeburg and the Saxon frontier," where he carries on an extensive, and, no doubt, lucrative practice.

The gist of the Homœopathic system may be easily and briefly stated. Hippocrates broached the fanciful doctrine, that a disease should be cured by things that induced a state opposite to that of the disease:—"contraria contrariis medentur." The German Professor strikes out into a diametrically opposite path, and maintains that disordered actions in the human body are to be cured by inducing other disordered actions of the *same kind*, but only much slighter in degree:—"*similia similibus curantur.*" The doctrine of *antipathy* had much foundation both in reason and fact. Thus the burning heat of fever naturally suggests cooling drink and cool air—constipation calls for purgatives—diarrhœa for astringents—soporose diseases demand irritants—irritation calls for sedatives, &c. But what shall we say to Homœopathy? Do venesection and purgation induce diseases resembling pneumonia, ophthalmia, hepatitis, and other inflammations, when these are cured by the above means? The idea is preposterous. But the effects which he attributes to medicines in the most inconceivably minute doses would stagger the credence of any but a German! Thus camomile flowers produce 1481 symptoms—elder flowers 116—iron 228—bark 469—and platinum 402 !!! The *thousandth part of a grain* of arsenic is the largest dose that should be given—and the *hundred thousandth part* of a grain is enough in ordinary cases!—"A *drop* of the spirituous tincture of sarsaparilla is said to be a strong dose." The *seven millionth part of a grain of cucumis colocynthis* acts sometimes too powerfully!

It is no wonder that the Leipzig apothecaries chased Hahnemann out of their territory. We understand that a certain WORSHIPFUL COMPANY, in this country, have instituted an action against Mr. Spry, for disseminating a doctrine subversive of the *best interests* of SOCIETY—at least of *their* society. In *this* prosecution, we apprehend there will be no lack of alacrity on the part of the plaintiffs.

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* The Charters of the German Colleges seem less favourable to quackery than that which was granted by the amiable (or rather *amorous*) Henry the Eighth of this Country. In Germany, *Quacks* are driven out of society, and regular Graduates of regular Universities are respected. *Here*, the Quack is protected in the exercise of his *art*, but the *Physician* who has undergone the discipline of the first Medical Universities in Europe, is persecuted and *prosecuted* with the utmost rigour of the law!!!

23. CIRCULATION OF THE BLOOD.*

Neither of these Memoirs has been as yet published to the world in a separately purchaseable form, although both are in print. The first was read before the Philomatic Society in March last, and is inserted in the June number of "Les Annales des Sciences Naturelles." Dr. Edwards, sen. and M. Jules Cloquet, were named as a Committee, to examine this Memoir, and to witness a repetition of the experiments. Their highly interesting report procured for our author the honor of being named a member of that distinguished society. The second Memoir was presented to the Faculty of Medicine of Paris, on the occasion of the author being received by that learned body, as one of their number. A few copies only have been printed.

We notice these Memoirs with pleasure, because they form a continuation of the Experimental Researches already published in this country, and because they afford us an opportunity of again recurring to a subject, which has of late excited so much interest,—the circulation of the blood.

Dr. Barry's object in the first Memoir is to show, that the tendency to a thoracic vacuum during inspiration, and the consequent suction-effect upon the blood of the veins, are to be found in all the vertebrated animals, as well as in the mammalia. For this purpose, some very curious experiments were performed upon birds, frogs, and fishes, amongst others the following, upon a pigeon. This experiment we, ourselves, have seen Dr. Barry repeat at his lectures.

A tube immersed in a coloured liquid, was made to communicate with the pericardium of the bird.—At each inspiration the liquid rose two centimetres, measured by M. Savant, in presence of the celebrated natural philosopher, M. Ampére. When the trachea was slightly pressed, the liquid rose higher and higher, as the pressure was increased, and when the trachea was obliterated, the liquid rose six inches in the tube. The reporters consider the truth of the principles advanced by Dr. Barry in the Memoir, as fully established; and Dr. Edwards thinks that they are likely to exercise a most important influence upon the pathology of the diseases of the thoracic viscera, when accompanied, or preceded by narrowing of the air-passages.

In the second Memoir, (which we are sorry to say can hardly be abridged satisfactorily to the reader,) the author endeavours to prove that the intermitting diminution of the volume of the ventricular heart, by causing a sudden vacuum around its apex, is the cause of

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* 1. Memoire sur l'Application du Barometre, &c.—A Memoir on the Application of the Barometer to the Study of the Circulation of the Blood, and of Respiration, in the vertebrated Animals.

2. Dissertation sur le Passage du Sang, &c.—A Dissertation on the Passage of the Blood through the Heart.

By D Barry, M D. of the University of France;—Member of the Faculty of Medicine of Paris, of the Royal College of Physicians of London, of the Philomathic Society, and of the Society of Natural History of Paris, &c. &c. &c.

its loco-motion or stroke, and consequently of the rapid filling of the appendices at its base.

2ndly. That the constant efforts of the heart to contract its cavities, produce the commencement both of inspiration and expiration in the mammalia. The former being the pressure of the atmosphere down the trachea to obliterate the cavities around the heart, the latter the same pressure acting upon the outside of the animal, for the same purpose. Contractility alone is thus made the agent of the circulation, both of the air and of the blood.

A very extraordinary experiment is detailed in this Memoir, which, from want of space, we regret we cannot give at full length. The hand and arm were introduced into the thorax of a living horse, in such a manner as that no air was admitted. The vena cava was grasped between the diaphragm and the heart, and the blood was felt distinctly to fill the vein, and pass on in a copious current to the auricle, *only during inspiration;* the vein becoming collapsed and empty during expiration. The appendix only, and not the whole auricle was found to alternate in its contraction and expansion, with the ventricles.

From this latter circumstance, the author is led to conclude, that the sounds produced by the action of the heart, (as heard through the stethoscope,) are the results of the dilatation of the cavities of that organ, and not, as stated by M. Laennec, of their contraction. The first sound is that of the dilatation of the two appendices. The second of the two ventricles.

As we understand that Dr. Barry means shortly to publish a detailed account of these experiments, and of his own views as to their results, we shall abstain from going further into particulars at present. We must, however, warn such of our readers as are opposed to this gentleman's theory of the circulation and absorption, that he takes the field for the next campaign, with a very considerable addition indeed, to the force which he has hitherto shown. That truly philosophic and acute observer, Dr. Edwards, the author of "The Influence of Physical Agents upon Life," has declared himself, in the most unequivocal manner, on Dr. Barry's side of the question. This name is in itself a host. The Prize Committee of the Medical Society of the Northern Athens has, we understand, adjudged their prize this year for the best Essay on Absorption, to our author. Dr. Carson of Liverpool, after a long absence from the polemic arena of physiology, now leads boldly up to Dr. Barry's assistance, his pulmonary resiliency, and self-expanding ventricles and auricles. He has already come to blows with the enemy, and brandishes in their very ranks, the *lancet* and the *yellow flag*.* Though his dogmas differ from those of Dr. Barry, the main point for which they both contend, is the same—To prove a suction-effect exercised upon the blood of the veins.

That the thorax, by its expansion acts as a pump, it would be absurd to deny. That this pump influences liquids in communication

* Vide London Medical and Physical Journal for August.

with the great thoracic veins, under certain circumstances, all allow. In expressing ourselves convinced of this, in a former number, we lamented the difficulty of ascertaining the amount of the suction-influence. This difficulty, we think Dr. Barry has in some measure surmounted, by the application of the barometer. He has, at least, shown that the opposition to the entrance of the blood into the chest is considerably lessened during inspiration. We have no reason to suppose that an animal will make greater efforts to expand his thorax, after a pointed tube has been plunged into it, than before. On the contrary, the wounded animal evidently restrains these efforts. Yet a pigeon, under these circumstances, lifts water one inch; a small dog, six or eight inches; a horse, double this at least. We are much under the results obtained by Dr. Barry. But supposing the suction-power to be as we have stated, Dr. Arnott's "bloodless experiment" must involve one or more sources of error. He held in his mouth a tube, one end of which was immersed in water, whilst he breathed through his nostrils. He states, that though "the mouth may, under these circumstances, be considered to form a part of the cavity of the thorax," the liquid scarcely rose at all in the tube during inspiration. This result we should have expected; 1st, because the *velum pendulum palati* being applied closely to the root of the tongue when we breathe through the nostrils, cuts off all communication with the trachea. 2ndly, Because the mouth never forms a part of the bag of either pleura, nor of the pericardium, nor of the cavities of the great veins under any natural circumstances. Though, as we have stated in a former number, we fully agree with Dr. Arnott in his views of the *arterial circulation*, we cannot subscribe to his reasonings as to the venous circulation and absorption. Indeed, we have little doubt, that upon reflection he will himself perceive, how untenable some of his arguments on these subjects are.

He says that no pump could suck liquid through the veins, because they are compressible tubes "and free to collapse." Now surely Dr. Arnott, or any other man that reads his very able work, nay, any man of common sense, who knows that the veins are kept constantly full to the level, at least of the diaphragm, must see, that a pump acting at this point, would raise the liquid thus sent up by a vis a tergo, with much more ease through the veins, than through incompressible tubes of the same length. Dr. A. it appears, can no more do without a pumping-power in his plan of the circulation, than Drs. Barry and Carson. This notion is as old Pecquet. In his day the heart was called "*vitalis antlia*,"* the pump of life. Dr. Carson added the resiliency of the lungs as another pumping-power. Dr. Barry makes the whole chest a pump—Dr. Arnott makes each capillary a pump. They "(the capillaries) work like innumerable little pumps, emptying the arteries into the veins"† even after death. This, as Jonathan says, would be "important if

* Vide Pecquet Dissert. Anat. de Circulatione Sanguinie et Chyle Motu. (p. III.)

† Vide Elements of Physics. (p. 498.)

true." But in attempting to follow Dr. A. in his logic as to the functions of the capillaries and the absorbents, we saw such conclusions in the perspective, and such routes leading to them, as must frighten men of plain understanding like ourselves. There is still much to be learned in hydraulics. The article on this subject, in Dr. A.'s book, if it is to be applied to the circulation of the blood with useful effect, must certainly be written over again. We consider this section the poorest in his very interesting book. The author has not, in our mind, established by a single proof the views which may be said to be his own, nor has he overthrown those of Dr. Barry. There is an apparent soundness and simplicity in this latter gentleman's arguments, a kind of irresistible conviction in his reasonings, which the mind (having once admitted the principle) cannot refuse to follow. "The elegant rotundity" of this theory (to use the phrase of a northern contemporary) is perfectly unassailable, except at one point, the fundamental experiment, or rather the principle upon which that expriment is based. This point of his trenches, however, the military Dr. appears to have strengthened considerably, by extending his works into all the classes of the vertebrata, and by measuring the suction-power in each. Like the present system of astronomy, which supposes the earth to move round the sun, instead of the sun moving round the earth, this theory explains every thing explainable by the old doctrines, and many other things besides, which, according to these doctrines, appeared absurd, if not impossible. The respiratory pulsation of the external jugulars—the rising and falling of the exposed brain—the modified hæmorrhage even from distant capillaries, as respiration becomes deep, prolonged, or restrained—gaping, or expanding the thorax to its utmost capacity, when we are fatigued, or exhausted—death by sucking air into the heart, through a wounded vein—the rapidity with which a poison is absorbed through the coats of a vein, compared to those of an artery—the beautiful and important effect of the cupping-glass, in preventing, or arresting this absorption—the venous reservoirs of diving animals—these and a thousand other phenomena perfectly inexplicable by, and apparently unconnected with, all that we hitherto knew of the circulation, are now amongst the most simple and intelligible physiological facts. What is there satisfying to the mind in the following assertion: "Absorption is a strong action of life."* What does this proposition help to explain? What induction does it lead to? How is it demonstrated? It is not even what M. Magendie has termed it, "the pure and simple expression of our utter ignorance on the subject." It is, in the present state of our knowledge, an awkward, uncandid, illogical attempt at concealing our ignorance. We know from Haller, and from experiment, that absorption goes on long after death. "Quietis tamen intestinis, et multa morte frigidis, chylum moveri et effugere."† Absorption, therefore, cannot be a *strong* action of life abstractedly considered; for we see that it takes place after life has ceased.

* Vide Elements of Physics, &c. (p. 513.)
† Haller's Element. Phys. lib. 25, vol. vii.

We cannot close this article without expressing a hope, that Dr. Arnott may be induced to employ his knowledge of physics in direct experiments upon the living animal. Let not the Dr. be alarmed. ".Bloodless experiments," will not always do. We quote from an authority, in bowing to whom, he "need not blush."* It is evident that there are, in the living machine, mechanical agents that have entirely escaped his contemplation. Such for instance as the power which the heart possesses, of diminishing its own volume, within a shut and incompressible cavity. This important fact is proved by Dr. Barry's last experiments upon the dead horse, the living frog, &c. One practical, well established fact is worth a cart-load of theoretical speculations.

We are sorry that we cannot refer our readers directly, to the very remarkable Memoirs which we have been reviewing; but we trust Dr. Barry will speedily enable us to do so, by giving them to the profession at large, in a more detailed form.

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24. PERFORATION OF THE BLADDER.

Mr. Serph, surgeon, of Welch Pool, has published a curious case, in respect to the final treatment of which, he solicits the advice or suggestions of his brethren. We shall give a brief abstract of this case, referring our readers to the original communication, in our contemporary of the present month.†

Case. Mrs. A. aged 35, had enjoyed good health till the month of January, 1823, when she was seized with severe pains in the loins, lasting 14 days. In the following May, the patient was attacked with acute pain in both hip-joints, which confined her to bed for a week, and rendered her lame for a few weeks afterwards. In August of the same year, 1823, she discovered, for the first time, a small, deeply-seated, but loose tumour, in the left labium pudendi, which increased, without pain, and burst, in August, 1824, discharging scrofulous matter. A fistulous opening has remained ever since, from which there constantly oozes some fluid. In March, 1826, Mrs. A. began to feel irritation in the bladder, and, in November of the same year, a calculus was discovered. On the 29th, Mr. S. introduced Weiss's dilator, and in 20 minutes, dilated the urethra sufficiently to be able to ascertain, with his finger, the position of the stone. A common dressing forceps removed the calculus, which was of the mulberry kind, and the size of a peach-stone. The bladder never for an instant lost its retentive power, but it remained very irritable, and the patient complained of a constant and fixed pain in the lower part of the abdomen on the left side. There now came

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* Vide Bacon de Augmentis Scientiarum.

† Med. and Phys. Journal, for October, 1827.

on a discharge of muco-purulent matter (very fetid) from the bladder, indicating ulceration of that viscus, for which various remedies were employed, without any good effect. The symptoms of irritation increasing, the patient became convinced that she had another stone in the bladder, and this conviction was verified; for, on the 7th May, 1827, Mr. S. proceeded to a second operation, which was very tedious, in consequence of the friability of the calculus, which crumbled between the fingers, like half-dried mortar. All the particles being washed away, the surgeon and patient now flattered themselves that they had conquered the enemy; but this was not the case, for the pain in the left side of the bladder returned, and early in July, the afflicted patient again asserted that a calculus still remained in the bladder. A third operation was performed on the 14th July, and the bladder was examined, but no stone could be found. Mr. S. was on the point of giving up the search, when, turning the finger towards the posterior surface of the pubis, he detected a rough substance, part of which crumbled under the touch. Mr. S. endeavoured to loosen the remainder, which was so rough and so hard, that he was obliged to desist, on account of the pain it gave him. He then introduced a lever, curved to an angle of 45°, and twice fixed it on the hard substance, and "applied to it a force much more than sufficient to break it in pieces, had it been of a consistency even much harder than urinary calculi generally are; but all in vain." In this attempt, "a piece of irregular shape broke off, which was of a dark colour, and extremely hard." The finger was introduced, and the substance "felt of that kind of looseness which we sometimes feel in shaking between the finger and thumb, some of the molares, which, however, require a great power to extract them."

It appears to Mr. S. that, so long ago as 1823, the disease began to develope itself in the os pubis of the left side, and that that bone became carious—secondly, that an abscess formed, which interested externally the labium of that side, and found its way internally through the coats of the bladder—thirdly, that an osseous excrescence, arising from the pubis, penetrated through that opening, and became a nucleus, on the surface of which, the calcareous part of the urine was partially deposited, in the same way as stalactites are formed—fourthly, that when the concretion had acquired a certain size, it detached itself, and became a common urinary calculus, loose in the bladder—fifthly, that had he succeeded in breaking off the bony process, some accident might have arisen from the contact of the urine with the sound part of the bone.

The writer, as we before observed, solicits the opinion and advice of his professional brethren respecting the prognosis and treatment of this remarkable case. At present, the patient is taking iodine, apparently with advantage.

25. CANCER OF THE CARDIA.

A lady, aged about 40, became affected in the Month of November, 1826, with common symptoms of dyspepsia, and her complaint

was considered as such by her medical attendants. In the beginning of 1827, the patient began to complain of some difficulty in swallowing solid food, and sense of nausea at the stomach after meals. These symptoms gradually increased to inability to swallow food, or rejection of the food undigested a few minutes after it was taken, by a species of regurgitation rather than vomiting. Mr. Brodie, Dr. Johnson, Mr. Andrews, and others were consulted, and the case was considered to be disease about the cardiac orifice of the stomach. Blisters, local bleeding, and various means were used, without arresting in the slightest degree, the rapid progress of the disease. During the month of May, very little food could be got into the stomach, and constant pain was complained of in the region of the cardia. The patient was nourished principally by enemata. In the beginning of June, she spat up rather suddenly a bloody kind of offensive matter, and all at once she acquired power, not only of swallowing, bnt of retaining the food. She now took a good deal of nourishment, and some faint hopes were entertained of recovery. But the discharge from the œsophagus increased in quantity, and became deteriorated in quality—the fever wasted the patient—the thirst was constant—bad matters were passed by stool—the stomach again rejected food, and death put an end to her sufferings, towards the end of June. The dissection was carefully made by Mr. Howship, in the presence of Dr. Johnson, Mr. Andrews, and Mr. Carrick of Kensington. The lower portion of the œsophagus, where it enters into the stomach, was in a state of open or ulcerated cancer, for the space of about three inches. A communication had taken place with the right cavity of the chest, in which was found some sanious effusion, and a considerable portion of lung contiguous to the original disease was disorganized and broken down. The stomach itself, and intestines were sound.

This disease was remarkable for the rapidity of its growth. Nine months previous to its fatal termination, the lady was in perfect health. In this respect, disease of the cardiac orifice of the stomach forms a striking contrast with that which affects the pyloric orifice. Where pyloric disease takes place, the food gets readily enough into the stomach—digestion goes on—and some chyme passes into the duodenum till the last. Emaciation is slow and progressive, and vomiting is a pretty constant symptom some hours after the food is taken into the stomach. Where the cardia takes on disease, on the other hand, the food is, in a great measure, prevented from getting into the stomach, and is regurgitated rather than vomited. The system is deprived of nutriment, and death soon closes the scene.

26. OMISSION OF LIGATURE IN AMPUTATION.

[Dr. Koch, of Munich.]

Notwithstanding the researches and experiments of surgeons and physiologists, repecting the spontaneous cessation of hæmorrhage from divided vessels, much uncertainty and much contradictory opinions still remain. The author of this paper thinks that *timidity* has tended to keep us in ignorance on some points of importance.

There are very few who will amputate a limb, and fearlessly trust to nature for the security of the cut vessels. *The author's father, Director of the General Hospital of Munich, has not tied a single artery in the various amputations which he has performed for the last twenty years.* To this wide range of experience, the son has added his own, in corroboration of the opinions of his father and of himself, respecting the imaginary danger of leaving vessels untied in amputations.

Arteries, says he, when cut and not tied remain entirely open, up to the place where they are divided:—The canal of arteries tied in the usual manner remains open also to the spot where the ligature is applied, and their parietes do not unite at this spot. These observations were repeatedly made by the author's father, on dead bodies, where the arteries had been cut by him, or tied by other surgeons, many years previously. He always found the diameter of the vessels that had *not* been tied, contracted as they approached the place of section, but the parietes never adherent till the artery ended in a kind of cicatrix. These things are seen in numerous preparations by the author, in the anatomical museum of Munich. The vessels that had been tied presented the same appearances, except that, at the spot where the thread had been applied, there was a narrowing, but never an obliteration of the canal of the vessel.

In a disarticulation of the hand, the surgeon had tied the radial artery, and omitted to tie the ulnar, as it did not bleed. The ligature came away on the 8th day, and on the succeeding day the patient died. On examination, the termination of the two arteries were so similar, that it was difficult to say which of them had been tied by ligature. Both extremities were perfectly pervious—the radial artery appeared to be slightly torn at the termination.

In numerous experiments on dogs, our author could perceive no difference between the arteries that had been tied, and those that were left to nature. Thus, he tied the femoral artery of a dog, and cut the vessel below the ligature, without hæmorrhage. The wound was closed and healed. A month afterwards he killed the animal, and found the upper and lower extremities of the vessel were completely similar, each being united to an external coagulum by an open mouth.

The formation of a coagulum takes place in some, but not in all cases. But it produces the same effects in the vessels which are tied, and in those which are cut, and not tied. In ligatures of arteries, the internal coagulum is often found in connexion with the external, so as to fill exactly the orifice of the vessel. The coagulum is rarely adherent to the internal parietes of the vessel, and never completely so up to the nearest anastomosis. An amputation was performed at the hip-joint, and the crural artery was tied. The ligature came away on the eleventh day, and, on the fourteenth day, the patient died. On dissection, a clot was found plugging the artery, but the canal of the vessel was open. In a very few cases indeed was the bore of the artery found obliterated after the ligature, by adhesion of the sides of the vessel.

"No doubt," says the author, "that most surgeons will stare when I propose the general abandonment of the ligature, as the means of preventing hæmorrhage, especially in amputations. They will be still more surprised when I assert, that, by this omission of the ligature, the most certain means are taken to obviate effusion of blood. Yet this assertion rests on the basis of experience, and can be testified to by all those who have witnessed my father's operations in a public hospital for twenty years past."

Dr. K. appears to think that the spontaneous cessation of hæmorrhage from a divided vessel depends *chiefly* on some change in the blood itself—partly in retraction of the vessel. The coagulum he considers as the *effect* rather than the *cause* of this cessation of hæmorrhage. This last conclusion appears plausible; for it is hard to conceive that coagulum can form *during* hæmorrhage—and if it form after the cessation of the flow of blood through the orifice of the vessel, it can hardly be viewed in the light of a *cause* of that cessation. All that can be said in this case is, that the coagulum may prevent subsequent hæmorrhage; but this our author denies.

"The application of the ligature," says he, "in disturbing the spontaneous cessation of the hæmorrhage, acts in a manner quite opposed to the end in view. It produces, it is true, a mechanical, and temporary obliteration of the bore of the artery, but this is inferior in value to the natural retraction of the vessel, and spontaneous cessation of the hæmorrhage."

This spontaneous cessation is to be aided, or rather promoted, by pressure on the trunk of the vessel leading to the part, and a gentle degree of the same on the face of the stump, either by the hand or by a proper bandage. By these means the stasis of the blood is promoted, and protection from future hæmorrhage secured.

The method pursued by Dr. K. and his father in amputation is as follows:—After dividing the soft parts and bone, the surface is sponged, and the muscles and integuments brought neatly into contact, and retained by adhesive plaster, so as to secure adhesion by the first intention, if possible. *During* the operation, the vessel is compressed by the fingers of an assistant, and *afterwards*, the pressure of the fingers is rendered unnecessary by the application of a compress, laid along the trajet of the main artery, secured by a roller. The patient is then placed in his bed, and the stump kept elevated, and an assistant is directed to make gentle pressure on the face of the stump for an hour or two—or longer, if he feel considerable pulsation in the part. "When this pulsation has ceased, and when the dressings appear tinged red by the exuding lymph, all danger of hæmorrhage is considered as at an end, provided the patient keeps quiet. Presently, the exudation of lymph ceases—and the dressings become quite dry and cold." The patient generally passes the first few days without fever, on which account he is allowed wine, coffee, and other food, which dare not be given under other circumstances. No opiates or medicines of any kind are usually exhibited after the operation. About the fifth day, there is generally some traumatic pyrexia evinced, owing to the suppurative process going forward

in the wound; but it requires no particular treatment. A moisture taking place on the dressings about the seventh day, indicates the establishment of suppuration; but if the dressings keep dry, union by the first intention is sure to have occurred. Whether suppuration or adhesion has taken place, the dressings are never removed before the tenth day, or even later, unless violent inflammation or hæmorrhage should arise. They consider that the adhesion of the integuments and muscles is never properly consolidated before the tenth or twelfth day, and therefore that much mischief is done by too early a removal of the dressings.—*Journal de Progrès.*

We leave these statements, supported as they are by occurrences in a public hospital, to the consideration of surgeons and physiologists. They are worthy of consideration.

27. CONGENITAL ENLARGEMENT OF THE HEART.

Mr. J. was born in 1811, and was a sickly and feeble infant. When very young, he evinced a laborious state of breathing, and impeded functions of the heart and lungs. He spoke with volubility, but was often obliged to stop, in the midst of his speeches, to take in breath. His lips were habitually of a blue colour, as well as the extremity of the nose, and the ends of the fingers. If he took any brisk exercise, he was soon panting for breath, and his heart in violent action. In this state he grew up—always in the doctor's hands—but never cured. It appears that he had several illnesses of an inflammatory character, for which he was bled, blistered, leeched, &c. It was observed that the *right* side of the chest was flattened in, and the *left* bulged out in the region of the heart. The left hypochondrium was also prominent. In short, it was evident that the functions of respiration and circulation were greatly disordered, but whether the structure of the heart and lungs was affected, was the question. At the age of puberty, all the symptoms abovementioned became greatly exasperated, and in spite of various remedies, death put an end to the patient's sufferings.

Dissection. The left side of the chest seemed bulged out in the region of the heart, while the right seemed depressed. The left arm was emaciated, the right was swelled. On opening the chest, they were astonished at the size of the heart. It occupied, in a great measure, both sides of the thorax! The pericardium contained about three ounces of water. The right auricle was prodigiously dilated, and its parietes attenuated. It contained a large quantity of coagulated blood, disposed in layers, and intermixed with fibrinous concretions. The pulmonary artery was dilated from its origin to its division into two branches, the right one of which was also dilated, while the left pulmonary artery was diminished so that it would scarcely admit a probe. The ductus arteriosus was open, as in the fœtus, so as to give free communication between the pulmonary artery and the aorta. The foramen ovale was closed. The right ventricle of the heart was dilated, and attenuated. The left ventricle and auricle were also greatly enlarged, but their parietes were proportionably thickened. What lung

was left occupied the right side of the chest, and was gorged with blood. The left lung was reduced to almost nothing, and evidently performed no respiratory function. There was some effusion in the abdomen, and the liver was large, and gorged with blood. The vena portæ and the vena cava were varicose.

The narrator of the case (M. Cogoreux) thinks, and with great pobability, that the heart was originally too large, and, consequently, pressed on, and ultimately annihilated the left lung—hence the enlargement of the pulmonary artery of the right lung. We see, in this case, two opposite conditions in the two sides of the heart. The right chambers were in a state of passive—the left, of active aneurism.

28. COLLARED CASES IN MIDWIFERY.

[Mr. Smith. Ed. Journal.]

It is by no means uncommon to find the funis twisted round the neck of the fœtus in parturition. We are directed, in such cases, to draw the funis over the child's head; or, if that be impracticable, to divide the naval string, and secure the fœtal extremity by ligature. The first plan is more easily recommended than practised—and is not always free from hazard of rupture of the cord, or separation of the placenta, with consequent hæmorrhage. The division of the cord is still more dangerous—at least to the child. Mr. Smith's plan is this:—Having waited the usual progression of the head through the pelvis, until it is excluded from the vagina, he first ascertains which is the umbilical and which the placental portion of the cord, by observing that the fœtal portion will invariably be found tight and unyielding, whilst the placental will easily yield to a slight effort of extension with the fingers. This done, he avails himself of as much of the placental portion as he can obtain, and gently extends it to the extreme points of the shoulders. He then waits for a pain, during which, he forms, with the fingers of both hands, an ellipsis of the funis, of sufficient size to admit the escape of the shoulders and trunk through it. The result is obvious and immediate: the labour experiences no interruption, and the delivery is effected by the fœtus passing through the extended noose of the cord, whilst the fundus uteri remains undisturbed, the placenta undetached, and the string unbroken.

29. CASE OF SUPPOSED HYDRO-PERICARDIUM CURED.

Dr. Bonet has offered the following case to the Professional Public. A man, 66 years of age, had been subject, for many years, to pains in the ankles and other joints, which were supposed to be of a gouty nature, as they generally lasted but a few days at a time. For five years, he complained of being easily put out of breath, on ascending stairs, or walking up an ascent, so that he was often obliged to stop short, or even sit down. The quickness of breathing, at those times, was attended with paroxysms of coughing, without expectoration. He also complained of a dull, deep-seated pain under the sternum, in the region of the heart. At these times, his face, naturally pale, would become flushed, and his lips livid.

When Dr. B. was consulted, the patient's eyes were yellow, the breathing short, the paroxysms of cough were frequent, with occasional expectoration; there was acute and deep-seated pain in the region of the heart; decubitus lateralis impossible; pulse full, hard, and only 45 in the minute, with an occasional intermission. By the stethoscope and the naked ear, a loud noise was distinctly heard in the region of the heart, at each contraction of the ventricles. These phenomena induced Dr. B. to conclude that there was water in the pericardium. There was, at this time, no œdema of the extremities; but the symptoms getting worse, the legs began to swell in a week after this period, and the swelling progressively increased till the limbs were double their natural size. Ascites ensued, and paracentesis was contemplated. The œdema gained the body and upper extremities. The patient's state was now hopeless, and he had frequent attacks of syncope. Leeches had been several times applied to the region of the heart, and diuretics had been given internally. These not succeeding, our author determined on drastic purgatives, combined with diuretics. Calomel, jalap, scammony, aloes, and digitalis were combined, so as to produce every second day a purgation of five or six brisk evacuations. This treatment was continued six weeks, with the effect of reducing the dropsical swellings of all parts, the difficulty of breathing, the cough, the irregular action of the heart, the decubitus difficilis, and in short, all the symptoms of the complaint. The cure has been complete; or, at least, there has been no relapse during the last six months. *Journ. Complementaire.*

We do not see that there was any very positive evidence of hydro-pericardium in the above case. We think the disease was more of the hepatic than the circulating system, and the success of the treatment justifies this conclusion. Palpitation and irregular action of the heart are often among the first symptoms of dyspepsia and biliary derangement. It is not unlikely, however, that there was some effusion in the chest, at the time when the other dropsical symptoms obtained—and all the dropsical effusions were of an inflammatory character.

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30. MEDICINA FORENSICA.

The following documents will excite considerable interest at the present moment, if taken in connexion with the article which we have dedicated to an examination of the College Charter in the present Number of the Journal:—

CORRESPONDENCE between *Dr. Harrison* and the *Censors* of the *College of Physicians.*

No. I.

Copy of the Censors' first Communication to Dr. Harrison.

July 6th, 1827.

We, the Censors of the Royal College of Physicians, London, having received information that you are practising physic within the city of London, and seven miles of the same, do hereby admonish you to desist from so doing, until you shall have been duly examined and licensed thereto, under the common seal of the said

College, otherwise it will be the duty of the said College to proceed against you for the recovery of the penalties thereby incurred.

WILLIAM LAMBE,
J. COPE,
H. H. SOUTHEY.

College of Physicians, Pall Mall East. CORNWALLIS HEWETT,

A board for examining persons who have the requisite qualifications, will be holden at the College on next Friday, 13th July, 1827.

To Dr. Edward Harrison, Holles Street.

No. II.

Copy of Dr. Harrison's first Answer to the Censors' Communication.

Holles Street, 7th July, 1827.

Gentlemen—I had last night the honour of receiving a communication, purporting to be signed by *you*, as the Censors of the Royal College of Physicians, London, wherein you are pleased to admonish me to desist from practising physic within the City of London, and seven miles of the same, until I shall have been duly examined and licensed thereto, under the common seal of the said College; and alleging that, otherwise it will be the duty of the said College to proceed against me for the recovery of the penalties thereby incurred.

Before I answer the above communication, will you have the goodness to point out to me the authorities under which you act, and the penalties to which you allude?

I have the honour to be, Gentlemen,
Your very obedient humble servant,

To Drs. Lambe, Cope, Southey, and Hewett, EDWARD HARRISON.
Royal College of Physicians, London.

No. III.

2, King's Road, Bedford Row, 9th July, 1827.

Sir—Being senior Censor of the College of Physicians, I opened your letter of the 7th instant, which I shall lay before the Board at their next meeting. I think it right to inform you, that such meeting is appointed for Friday next, at three o'clock, where you may appear, *if you think proper*, and obtain whatever information the Board may think it their duty to communicate to you.

I am, Sir, your obedient servant,

Dr. Harrison, Holles Street, Cavendish Square. WILLIAM LAMBE.

No. IV.

Holles Street, July 12th, 1827.

Sir—I beg to acknowledge the receipt of your letter of Monday last; and I have only to repeat the request made by my former letter. I have the honour to be, Sir,

Your very obedient humble servant,

Dr. Lambe, 2, King's Road, Bedford Row. EDWARD HARRISON.

No. V.

Copy of Censors' second Communication to Dr. Harrison.

College of Physicians, July 19th, 1827.

Sir—We, the Censors of the Royal College of Physicians, London, having taken into consideration the request made in your letter of the 7th July, "to be informed under what authorities we act,

and what are the penalties to which we alluded"—have to inform you, that WE ACT UNDER THE AUTHORITY OF OUR CHARTER, CONFIRMED BY PARLIAMENT 14TH AND 15TH HENRY VIII., which is well known, and has been repeatedly enforced.

WILLIAM LAMBE,
CLEMENT HUE, vicarius for Dr. COPE,
H. H. SOUTHEY,
CORNWALLIS HEWETT.

There will be a Censors' Board held at half-past four o'clock on Thursday next, 26th July, at which, *if you think proper*, you will have an opportunity of appearing.

Dr. Edward Harrison, Holles Street.

No. VI.

Copy of Dr. Harrison's second Answer to the Censors' Communication.

Holles Street, July 23d, 1827.

Gentlemen—After acknowledging the favour of your letter of the 19th instant, informing me "that you act under the authority of your Charter, confirmed by Parliament 14th and 15th Henry VIII;" I beg leave to observe, that I can no where find the title of "Censors of the Royal College of Physicians," mentioned in that statute; or their right to examine Graduates of Universities recognised. And what is no less relevant in this case, it does not appear to confer the power of constituting two different classes of physicians, under the denomination of Fellows and Licentiates. Such is the result of a careful examination of the above-named act. But if you can point out particular clauses in it, by which the title and powers in question are distinctly given, I shall feel obliged by the communication. I have the honour to be, Gentlemen,

Your very obedient humble servant,

To Drs. Lambe, Cope, Southey, and Hewett, EDWARD HARRISON.
College of Physicians, London.

No. VII.

Copy of Censors' third Communication to Dr. Harrison.

College of Physicians, July 26th, 1827.

We, the Censors of theCollege of Physicians, have received your letter, bearing the date of July the 23d, 1827, and have nothing to add to our last communication, excepting that the next Censors' Board for examining all persons *who have the requisite qualifications*, will be held at the College of Physicians, on the 1st of next October, at 4 o'clock P. M. WILLIAM LAMBE, H. H. SOUTHEY,
J. COPE, CORNWALLIS HEWETT.

No. VIII.

Dr. Harrison to the Censors of the College, (delivered August 6th.)

Holles street, Aug. 4th, 1827.

Gentlemen,—In reply to your communication, bearing date of the 26th of July, I desire to state that I was led in my last letter to propose three questions for your consideration, with the view of encouraging amicable discussion, and of producing, if possible, a conformity of sentiment between us. As my conciliatory efforts have been frustrated by your uncompromising answer, I beg to inform you, that having bestowed no inconsiderable attention upon the constitution of the College of Physicians, I am led to conclude,

that the privileges and powers granted to it by the statute 14th and 15th of Henry VIII. are not now in existence, or at least are no longer available for College purposes. Upon the consideration generally of the other insurmountable difficulties and objections to the exercise of your monopoly, I shall think it unnecessary to enter, unless the paramount one can be removed.

Intelligent and enlightened physicians, as well as gentlemen learned in the law, entertain similar opinions to my own. I have also reason to know, that even among those who formerly ranked with the highest of the Fellows, the boasted authority of the College was denominated a mere 'Brutum fulmen.' As I had not lately met with opposition from any of the Fellows, in the exercise of my professional duties, I concluded that I should be suffered to pursue them without further molestation,—until I was roused from my deceptive quiet, and forced into the field by your colleague, Dr. Chambers.

Fortified with the concurring approbation of accomplished lawyers and physicians, I thought that I could not bestow greater service upon the medical profession, to which I am enthusiastically devoted, than by bringing all disputed matters formally into open court, under a conviction that, however they may be decided, the interests of the faculty and of the public will be essentially promoted by the investigation.

Actuated by these motives, I have tendered to the College for a series of years, through some of its Fellows, opportunities of examining legally their pretensions to interfere with me, or my practice.

I am unwilling to suppose that the gentlemen who now compose the 'Royal College of Physicians,' and for whom, individually, I entertain every respect, are less desirous than myself to come at once to the points at issue between us, without the introduction of those foreign topics which have hitherto embarrassed the question, and prevented a satisfactory decision.

Acting on public grounds only, and for the advantage of our common profession, I pledge myself that, if proceedings are instituted, they shall on my part be carried on without unnecessary irritation or excitement.

In pursuance of the great objects for which I contend, I now declare, that I do not recognise your authority as 'Censors of the Royal College of Physicians,' and shall therefore decline your invitation to offer myself at your Licensing Board 'on the 1st of next October.'

I have only to add, in concluding my correspondence, that Messrs. Tennant, Harrison, and Tennant, of Gray's Inn, are my solicitors. To them I refer you, in case of your choosing to institute proceedings against me. They are furnished with instructions to give every facility to a legal investigation of your assumed privileges; but they are directed neither to compromise my rights nor those of my professional brethren.

I have the honour to be, Gentlemen,
Your very obedient humble servant,
(Signed) EDWARD HARRISON.

For Drs. Lambe, Cope, Southey, and Hewett,
College of Physicians.

Quarterly Periscope,

OF

PRACTICAL MEDICINE;

BEING

The Spirit of the Medical Journals,

Foreign and Domestic;

WITH COMMENTARIES.

PART II.

HOSPITAL REPORTS.

"Ore trahit quodcunque potest, atque addit acervo."

1. DILATATION OF THE URETHRA.

[Hôtel Dieu.]

The treatment of stricture of the urethra by mechanical dilatation is well known and commonly practised, whilst the difficulties which, in certain cases, attend that treatment, have often proved a source of considerable annoyance to surgeons. Any plan which proposes to obviate these inconveniences of course deserves consideration, and for this reason, we shall lay before our readers, without further preface or apology, an abstract of a paper on the subject by Baron Dupuytren.

This celebrated surgeon observes that there are two methods of overcoming a stricture in the urethra. The first consists in the introduction of a fine bougie *into* the stricture, which is acted on by the mere mechanical pressure of the instrument. This M. Dupuytren terms the *mechanical dilatation* of the canal, and is the plan in common use. Two or three cases are cited in illustration, but these it is not necessary to notice.

There is, however, another mode of proceeding, namely, by what our author calls the *dilatation vitale*. The instrument is of larger caliber and blunt at the extremity; as before, it is passed into the urethra, but not *into* the stricture. When it has reached this point it is introduced no farther, but kept in this situation for a certain time. That this is not a distinction without difference, it is stated that, frequently when it has been found impossible to pass a fine bougie, a blunt instrument has been introduced into the urethra, and kept anterior to, and in contact with the stricture for eight or ten hours, at the end of which time it has been withdrawn, and the bougie has reached the bladder without difficulty. This, however, seems to savour a little of the post hoc, ergo propter hoc argument, for at the first introduction, the bougie may have been obstructed

by spasm of the canal, which, at the end of so many hours, may have subsided quite independently of the presence of the larger instrument. But we shall pass, at once, to the cases brought forward by M. Dupuytren in support of his practice.

Case 1. Eight or ten years ago, M. Dupuytren was called to M. * * *, a man of property, and of a nervous and extremely susceptible disposition. He was tormented with great difficulty of making water, and M. D. proposed the introduction of bougies into the urethra, but the bare thought of a bougie filled the patient with horror, and it was with the utmost difficulty that he consented. Scarcely had the instrument entered the urethra before all his apprehensions were renewed, and though M. Dupuytren contrived to get the instrument as far as the stricture, such was the agitation of the patient, that he durst go no further. He accordingly left the bougie in the urethra, with the intention of completing its introduction in the course of a few hours. On his arrival at the expiration of the time, he found that the patient had made water freely, and now the instrument was passed fairly into the stricture without difficulty; in a few hours more it was passed still deeper, and during the day it was introduced into the bladder. In two or three days, a larger bougie was employed, and at the end of a fortnight, the gentleman voided his urine in a good stream, and without either pain or difficulty.

This, we apprehend, was a case of "spasmodic stricture," and we can conceive no method more calculated to allay spasm and irritation than that pursued by M. Dupuytren, to wit, the gradual introduction of the instrument. The plan in question appeared to that able surgeon to be well calculated for patients of a pusillanimous or irritable temperament, as also for those cases where the symptoms are not so urgent as to require an immediate removal of the obstacle to the passage of the urine.

Case 2. Colomb, æt. 36, entered the Hôtel Dieu, Feb. 6th, 1827, with all the symptoms of stricture. The difficulty of making water had commenced seven or eight years ago, and it followed a gleet of ten years standing. *Feb.* 7. A middling-sized sound was introduced as far as the membranous portion of the urethra, where it was stopped by a very firm stricture, into which it could not be made to enter. Up to this point, a bougie was passed, and left in the urethra, but in the course of an hour it was taken out by the patient. In the evening, an attempt was made to introduce it again, but, in consequence of the excessive spasm of the canal, it could be got no farther than the fossa navicularis, and here it was grasped so firmly that considerable force was necessary to withdraw it. *Feb.* 9. A silver sound was employed with similar want of success. Part of a large sound, rounded at its extremity, was now fixed in the fossa navicularis, and at the end of 24 hours, it was replaced by a middling-sized instrument of elastic gum, which was kept in the urethra for twenty days. Three instruments, each larger than the other, were successively introduced, and the patient, on leaving the hospital, could make water freely and in a large stream.

Two more cases are detailed. In both, the strictures were of long standing, and in both, the introduction of instruments up to the strictured portion, and leaving them there, proved effectual.

Sounds or bougies of elastic gum, having the extremity rounded off and blunt, and of a length proportioned to the depth of the obstacle, are best adapted for this mode of dilatation. After some hours, and in the worst cases, days, either the blunt instrument itself can be passed into the bladder, or the urethra is so far enlarged as to permit the passage of a bougie. There are many advantages attending a slow and gradual dilatation of the urethra. The pain is comparatively trifling, and there is no danger of producing those lacerations and false passages, which occasionally follow a more rapid introduction of instruments. But, besides this, there is a continual disposition in the urethra to contract again, and the quicker the dilatation, the quicker, cæteris paribus, will be the contraction. This disposition in the urethra may be kept under by the introduction of a bougie every ten, twelve, fifteen, or twenty days, as the case may require. The instrument should be retained in the urethra for some time.

In conclusion, we would just observe, that the above plan deserves a trial in those cases of spasmodic stricture, in which the introduction of an instrument into the bladder is impracticable, or exceedingly difficult. We think that it ought to be employed before the caustic bougie; it is a safer, a milder, and, if effectual, a far preferable mode of treatment.—*Repertoire, Tome* 3.

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2. ON RE-UNION OF DIVIDED TENDONS.

[Dr. Fearn, of North Carolina.—Philadelphia Infirmary.]

Case. James Lang, aged 54 years, was admitted into the Infirmary of the Philadelphia Almshouse, on the 31st of March, 1826, with his leg and ankle swelled so extensively, as to preclude the possibility of ascertaining the true nature of the injury. He had stepped off the curb-stone into a gutter, three or four feet deep, the preceding evening, lighting on his toes, and thus straining the extensor muscles of the foot. He felt something give way, (but heard no crack or noise,) attended by instantaneous pain, and total inability to walk with that toe on the ground. Absolute rest and strict antiphlogistic measures were enjoined, and persevered in for several weeks, when the injury was found to be a rupture of the tendo Achillis. At this time (30th April) Dr. Horner took charge, and applied a bandage and splint. These were continued a few weeks, without any appearance of union in the divided tendon. The ends of the tendon were found to have formed no adhesions to the neighbouring parts, but moved freely from side to side, when the antagonizing muscles were in action or relaxed. The ends could be placed nearly in contact by favourable position and compression of the muscles. Dr. Horner now adopted the plan proposed by Dr. Physic, in cases of ununited fractures, and passed, by means of a seton-needle, a ribbond, three-quarters of an inch broad, through the space

intervening between the ends of the ruptured tendon. The leg was again bandaged by the roller as before, and a splint anteriorly. This process was persevered in for 46 days, when the seton was removed. Inflammation had greatly indurated the parts adjacent to the seton, and, when felt through the integuments, gave more the sensation produced by a cartilage or bone, than common inflamed cellular substance. The ends of the tendon could not be distinguished, but were merged in the indurated mass. The splint and bandages were continued three or four weeks longer, the ulcer being dressed with simple cerate, and healed. Up to the 25th July, the patient had been kept perfectly at rest. The splint and bandage were now removed, and the patient allowed to take gentle exercise by walking. *August 20th.* He is now able to walk with ease, and without a stick. *Sept. 22d.* The tendon is now considered as restored to its pristine strength.

Dr. Fearn has made many experiments on animals, with the view of trying the principle acted on so successfully in the above case, and the results, we think, leave no doubt of its applicability.—*Philad. Journal, May*, 1827.

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3. CASES ILLUSTRATIVE OF THE ILL CONSEQUENCES WHICH SOMETIMES FOLLOW THE REDUCTION OF DISLOCATIONS. BY M. FLAUBERT.

[Hôtel Dieu of Rouen.]

M. Flaubert has detailed some cases of this kind in the Répertoire, and, as they are not uninteresting, we shall give a condensed account of them here.

Case 1.—*Dislocation of the Head of the Humerus forwards.* Le Breton, æt. 57, a sturdy sailor, rather given to drinking, fell upon the arm, which was carried forcibly backwards. This was on the 2d March, 1824. A surgeon applied poultices to the shoulder, but these giving no relief to the pain, the patient entered the Hôtel Dieu of Rouen on the 13th.

When seen by M. Leudet, there was swelling of the left shoulder, arm, and fore-arm, which latter, with the hand, was rather cold.—There was a hollow beneath the acromion, and the head of the humerus was situated under the pectoral muscle. It being evident that there was dislocation of the head of the humerus forwards, M. Leudet proceeded to the reduction. Accordingly, the patient being seated in a high chair, extension was made from the wrist, whilst the counter-extension was effected by a roller, passed under the armpit, the ends crossing over the opposite shoulder, and fixed to a staple in the wall. A ball was kept in the hollow of the axilla, to lift up the head of the bone at the instant of reduction. The extension was made by eight intelligent pupils, M. Leudet taking the management of the arm. At the first attempt, the head of the bone was dislodged from its place, and brought into the axilla; the second trial was followed by its complete reduction. An enormous swelling took place, almost immediately, beneath the pectoral mus-

cles. The face became pale, and covered with sweat—the lips livid, and the pulsation in the radial artery ceased. M. Leudet attributed these symptoms to exhaustion, and the swelling he imagined to be *gas*, escaping into the cellular membrane. After a few minutes, the general symptoms disappeared, but the swelling remained, whilst the pain was intolerable. *Compresses dipped in a solution of acetate of lead, to be applied.* 14th. The countenance was pale—the pulse small, hard, and frequent. The swelling seemed to have subsided a little, but the limb was cold, and of a purplish colour. In the axilla was a tumour, the pulsations of which were distinct to the eye, though not to the touch. It was now evident that the artery was ruptured, but the state of the parts around precluded any operation for tying the subclavian. On the 17th, phlyctenæ appeared, and on the succeeding days, gangrene became developed. 25th. The fingers, elbow, skin of the axilla, and inside of the arm, are in a state of sphacelus; the pulsations of the tumour are more marked. 27th. A good deal of hæmorrhage from two openings, situated a little below the arm-pit. Though the bleeding was arrested, the patient expired in the course of an hour.

Dissection. Hand and inside of the arm in a state of gangrene. The pectoralis major was almost completely torn across, and its fibres were separated by clots of blood. The upper portion of the short head of the biceps was ruptured also. All the muscles of the arm, shoulder, and outside of the chest, were infiltrated with blood. Between the pectoralis minor and latissimus dorsi, there was a large clot, on removing which, the axillary artery was found to be fairly torn across, a little above the origin of the subscapular. In order to discover the upper end of the vessel, it was necessary to dissect the *subclavian*, which was enlarged, as were the branches which arise from it. The *axillary* artery lay beneath the pectoralis minor, upon the rib, to which it adhered by means of coagulable lymph. This end of the vessel was narrowed, and the thoracic nerves flattened. The second rib was depressed, its periosteum slightly absorbed, and the bone itself a little rough. The head of the humerus was somewhat flattened at the part corresponding to the rib: the capsule was torn—the cartilage rough and ulcerated in parts. The inner margin of the glenoid cavity was fractured.

Remarks. It is difficult to imagine how such extensive injury should take place, without a great deal of violence having been used in the attempts at reduction. Surely the extension must have been severe, to rupture the great pectoral muscle and short head of the biceps, to say nothing of the axillary artery. At the same time, it is surprising what force is daily used, and with no bad effect whatever, in reducing dislocations. Would not amputation at the shoulder-joint have been advisable when gangrene was commencing? If ever amputation, during the progress of mortification, promises to be of service, it is in cases like this, where the disease is clearly local, the consequence of a deficient supply of blood to the limb.

Case 2.—Dislocation of the Humerus into the Axilla. Madame G. æt, 64, dislocated the humerus by a fall, Nov. 27th, 1823. She was not seen by M. Flaubert till seven weeks after the accident, and as the pains were less, and motion tolerably free, he dissuaded the patient from submitting to any attempts at reduction. Next day, however, she returned, fully determined to have the dislocation reduced if possible. The extension and counter-extension were each made in the usual way, by five men. The first attempt, which lasted seven or eight minutes, was unsuccessful; a second, and shorter one, effected the reduction, during which, the patient felt as though something "gave way" on the inside of the wrist. The patient was now found to be hemiplegiac on the right side. There was no motion, and sensation was very slight, especially in the arm. The eye of that side was half closed, and there was a slight ecchymosis on the foot and lower third of the leg. M. Flaubert, considering the hemiplegia to be dependent on some extravasation within the head, produced by the agitation and violent efforts of the patient during the operation, bled her immediately. Purgatives were given, and rubefacients, with blisters, applied. The symptoms disappeared in part. In three months the leg was free from paralysis, but a degree of numbness and susceptibility to fatigue remained so late as February, 1826, the date of the last visit. The head of the humerus seemed to be drawn forwards, its motion was imperfect, the patient not being able to lift the hand to the mouth. The hand was useless, the thumb being extended, the other fingers semi-bent. The ring and little fingers were quite insensible, and the heat of the limb appeared to be diminished.

Remarks. We think it extremely probable that the axillary plexus of nerves was injured. The giving way at the inside of the wrist, and the subsequent paralysis of the ring and little fingers, would seem to point out the ulnar nerve as suffering more particularly.—Whether the hemiplegiac seizure was merely the result of sympathetic irritation of the brain, or actual lesion of the organ, of course we cannot pretend to say.

Case 3.—Dislocation of the Head of the Humerus into the Axilla. F. æt. 70, of a good constitution, met with a fall on the elbow, Nov. 1, 1825. Five weeks afterwards, she entered the Hôtel Dieu of Rouen, presenting all the symptoms of dislocation into the axilla, on the left side. M. F. being misinformed as to the time which had elapsed since the accident, proceeded to the reduction, which was effected on a second attempt. The patient immediately became affected with great constriction of the chest, sense of suffocation, and the face became purple and injected. These symptoms were followed by an emphysematous effusion, stretching from under the clavicle, across the shoulder, to the middle of the back, where it gradually disappeared. The patient was pale, and the pulse weak, with nausea. In the left thigh and leg there was a sensation of cold and great numbness; the least touch upon the thigh caused exquisite pain. The patient was placed in bed, when she fell into a state

of syncope for about an hour, on recovering from which, she complained of imperfection of vision, severe head-ache, and loss of motion in the right arm. In the night, the patient was unable to make water; the catheter was introduced, and half a glassful of urine drawn off. Next day, *Dec.* 9, the deltoid was completely paralysed, allowing the humerus to drop into the axilla as before. The upper and lower extremities of the left side were almost wholly paralysed also. *Vesp. Catheterism—same quantity of water obtained.* 10th. Pain in the back of the head, ears, and nucha; pain also in the left thigh, with formication in that extremity—left arm quite insensible—pulse quick and rather hard—tongue foul—nausea. *Bleeding to eight ounces, frictions and volatile liniment with tincture of cantharides to the left arm.* 11th. Pupil sluggish—towards evening much difficulty of respiration. A purgative glyster was given which acted freely, and on the next day she was better. 13th. More pain in the left side. 15th. The pain prevents her sleeping. A vast slough was now discovered on the sacrum, she became gradually worse, and on the 26th the breathing was stertorous and the pulse irregular. In the course of the day she expired.

Dissection. The pectoralis major was bruised by the roller used for counter-extension, indeed, on the inside the fibres were reduced to a kind of reddish-brown bouillie. On the outer border of this muscle was a cavity containing bloody serum. All the nerves of the arm were united in a mass in the axilla by means of condensed cellular tissue, a circumstance apparently owing to the pressure produced by the head of the bone. On approaching the scaleni muscles, the four last nerves which go to form the axillary plexus, namely, the 6th, 7th, and 8th cervical, and 1st dorsal, were found torn from their origin in the spinal marrow! The brain and its membranes were sound. On opening the vertebral canal the dura mater was of a reddish brown. The tunica arachnoides was injected, particularly in the neck. The spinal marrow at this part presented a range of white spots, marking the place from which the roots of the nerves had been torn. The medulla at this point was thicker than natural, and of the consistence of a reddish-brown bouillie, the gray matter not being distinguishable from the white. The filaments were rather red and injected.

Remarks. It certainly seems to us that in this case an extraordinary degree of force must have been employed. Perhaps the age of the patient, 70, might have rendered the parts more lacerable than usual, but still we cannot imagine how the axillary nerves could be torn from the spinal marrow, by any moderate degree of extension. We think that in old persons like the above, dislocations, especially if they have existed any time, should be left to themselves. Such patients cannot undergo with impunity the rude handling which is often necessary in effecting reduction, and a weak limb at their age is generally of but little consequence.

Case 4. *Dislocation of the Fore-arm backwards.* A woman, æt. 45,

of good constitution, presented herself Dec. 9th, 1826, with the above accident, which had taken place 27 days previously, in consequence of a fall from a voiture. The characters of the dislocation were well marked, and had been recognized by her medical attendant, who only applied a liniment to the elbow. The reduction was attempted twice by seven pupils without success. The patient was then bled, and extension being made again, the ulna slipped into its place, whilst the radius which remained behind was easily pressed by the thumb into its situation. At the instant of reduction, a diminution (*étranglement*) of the elbow-joint took place, whilst a projection appeared above and below it. This was accompanied with a sound like that produced by the tearing of parts, and it seemed to those present, that the muscles which surround the articulation, with all the parts excepting the skin, were rent across. A considerable swelling followed, with a disposition to continual fits of syncope, whilst no pulsation could be felt in the radial artery. The pulse, however, returned next day, and the swelling gradually subsided. On the 26th December, she had an attack of pain in the right side of the chest, which was relieved by leeches. On the 4th January she left the hospital, having tolerably free motion of the arm, none in the fore-arm, and but little mobility in the finger.

Case 5. *Dislocation of the Humerus into the Axilla.* The patient, M. Heim, met with the accident fifteen days before he applied to our author. The symptoms of dislocation into the axilla of the left side were well marked, and after employing the warm bath for two hours and a half, attempts were made at reduction. Before, however, this could be effected, the operators were obliged to desist, in consequence of the patient's complaining of excessive pain in the wrist, with loss of motion in the hand and fore-arm, and numbness of the whole of the left lower extremity. Considerable constitutional irritation, and a severe attack of fever followed, whilst there took place, after a time, infiltration of the arm and fore-arm near the elbow, which lasted for several months. In February, a slight power of flexion and extension was remarked in the fingers, but it did not increase. The fore-arm can now be bent to a right angle, but there is much pain in the neck, wrist, and fore-arm; the whole limb is wasted and useless, and its movements very feeble.

Case 6. Lambert, æt. 40, of good constitution, and sanguineous temperament, was struck on the left hip by a bale of cotton falling from a height of twenty feet. He was brought immediately to the Hôtel Dieu of Rouen, presenting all the symptoms of dislocation of the femur, the head of the bone resting a little above the great sciatic notch. After some ineffectual efforts, during which he was bled, and two grains of tartar-emetic administered, the reduction was effected. He continued well till February 11th, two days after the accident, when the thigh became swollen, and the hip painful, the patient feeling much depression. 12th. He spat some blood in the

night—more swelling. The pulse is weak—skin yellow—hiccup, followed by some nausea—tongue covered by a yellowish-white fur. 13*th*. Vomiting of yellow matter in the night—the swelling has extended to the knee—some delirium. In the night of the 14*th* he died.

Dissection. A large ecchymosis beneath the skin at the anterior and outer part of the thigh; rupture of the pyriformis, gemelli, and quadratus femoris muscles. The capsule torn, as was the ligamentum teres, close to the head of the femur. In the cavity of the joint there was a quantity of reddish pus, which communicated through the rent in the capsule with a depôt of bloody pus situated between the pectineus and adductor muscles. All the great organs were sound.

Remarks. The death of the patient, we apprehend, was more the consequence of the accident itself, and of the constitutional irritation, to which it gave rise, than of the attempts at reduction, though the latter, no doubt, had some share in producing the mischief. It is most probable, that the muscles were torn by the head of the bone, forcing its way from the socket to the sciatic notch.

As the author observes, these cases go to prove that old dislocations cannot always be reduced with the impunity which is generally imagined. He thinks, that many of the instances of paralysis of the arm, attributed to the luxation itself, are owing to the attempts at reduction, and remarks with some naiveté, " if it were otherwise, we must suppose, either that surgeons say less than they might about their mishaps, or that I alone have been unlucky enough to meet with all these unfortunate accidents." Perhaps both suppositions are partly right; at any rate, the above cases are calculated to teach gentlemen a little caution in handling their ropes and pullies.

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4. EXTRACTION OF THE ASTRAGALUS.

[New-York Hospital.]

A stout young lad fell from a height of 50 feet, with a hod on his shoulder, and received a compound luxation of the astragalus inwards. He was immediately conveyed to the hospital above-mentioned, and put under the care of Dr. Stevens. He lay trembling and agitated; but his skin was warm and his pulse good. The integuments and capsular ligaments over the inner side of the ankle-joint were rent, and the surface of the astragalus, where it articulates with the os calcis, occupied, and rather protruded from the wound. Dr. S. endeavoured to reduce the bone into its place; but failing in this, he tried to pull out the bone, which was also impracticable. Extension was made, and as the bone could not be reduced to its proper site, it was extracted, by dividing the ligaments that held it, with the scalpel, though not without considerable sufferings on the part of the patient Upon minute examination of the bone, the processes to which the ligamentum inter fibulam et astragalum posterius, and ligamentum fibulæ anterius, are attached, were found broken off. The limb was laid flexed on its outer side on a splint.

and pillow, and the wound dressed with lint and roller. We need not detail the after treatment, which appears to have been judicious. There was ultimately some flexibility of the ankle-joint, with little deficiency in the length of the limb.—*New-York Med. and Phys. Journal.*

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5. PNEUMONIA AND GASTRO-ENTERITIS WITHOUT PAIN. [Val de Grace.]

The different kinds of sensibility in the viscera and in the skin have led into great delusion, not only in chronic but even in acute diseases. The following case is worthy of record on this account.

Case. Nicholas Lesacq, aged 52 years, a sub-officer, was received into the VAL DE GRACE, on the 22d April, 1827, in the evening. On the morning of the 23d, Dr. Damiron, then on duty, saw the patient. His face was flushed, eyes sparkling and watery, skin burning hot, tongue dry, brown in the middle and vividly red at the sides, thirst urgent, pulse quick and cordy, breathing difficult, cough frequent, with copious ropy expectoration, dull sound in the right side of the chest, and the air not very freely permeating the other lung. The patient stated that he had been ailing since the 18th of April, with cough and fever, but that he felt no pain at any time, or in any part of the body, even on the fullest inspiration. This absence of pain embarrassed the physician a little, but an analysis of the symptoms left no doubt in his mind that there existed inflammation of the digestive and respiratory organs. Venesection—25 leeches to the epigastrium—diluents, &c. At 4 o'clock in the afternoon there came on a shiver, with stridor dentium. This rigor lasted six hours, and was succeeded by heat, but of no long duration, for the patient expired at two o'clock in the morning.

Dissection. Three-fourths of the right lung were hepatised, the inferior portion or fourth being sound, and separated from the hepatised structure by a very distinct line. The left lung was black, but crepitous. The bronchia on both sides were greatly inflamed, and filled with a mucous secretion mixed with frothy blood. There were no tubercles. The heart was rather larger than natural. The stomach was very voluminous, and contained only an aqueous fluid. The mucous membrane of this organ was vividly red, with several brown and white stripes, but no ulceration. Some marks of inflammation were observed in the small intestines, but not to so great an extent as in the stomach.

The foregoing case shows that several viscera may be intensely inflamed, and yet produce no local pain appreciable by the patient. Epigastric pressure caused no uneasiness—a fact which we have often observed in real inflammatory disorders of the mucous membranes, while, in many cases of simple irritation, and where no inflammation existed, we have found the greatest sensibility to pressure at the scrobiculus cordis.

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6. PERMANENT EVIDENCE OF SUCCESSFUL VACCINATION.

[Small-Pox Hospital.]

Under this head, Dr. George Gregory has published a paper in the MAY No. of the Medical and Physical, in which he modestly disclaims all title to much novelty—and only hopes to be useful, by refreshing the memory on certain minute points connected with vaccination. We shall give a very brief abstract of these minute points.

1. A proper vaccine scar should be distinctly defined, even after a lapse of 20 years; in order to which, it is nearly indispensable that the scab should remain on—or, at least, that cicatrization should not be completed till the 21st day. In some cases, the cicatrix is formed by the 14th or 15th day—and then "vaccination is imperfect."

2. The true and perfect vaccine scar is circular, or nearly so. When common inflammation supervenes early, the scar is irregular in form, and the system is still open to the small-pox, more or less modified. The diameter of the circular scar is not material. The largest, however, which he considers compatible with safety, will be that of a six-pence, or small wafer.

3. The vaccine scar should be indented and radiated; though he does not insist on these appearances as a *sine qua non* in the proofs of perfect vaccination.

The sources of imperfection in the process of vaccination are chiefly the following:—effete virus; hence the inoculation should always be with fresh matter, and not by points, if possible:—pre-occupation of the system by some other important process, as dentition, visceral inflammation, fever, hooping-cough, porrigo favosa, or herpes:—and, lastly, a too advanced period of life at the time the process of vaccination is instituted.

For several collateral remarks and observations, all of a practical nature, and all indicative of the sound judgment and accurate discrimination by which the author is characterised, we must refer to the original paper in our cotemporary for May last.

In the same journal there are two papers connected with the subject of vaccination—one by Mr. Dalton, an eminent surgeon of Bury St. Edmonds, who describes an epidemic variola, against which vaccination made a bold and successful stand—the other by Dr. Morton, Physician to the Metropolitan Infirmary for Children, in which it is shown that, in his own experience at least, the proportion of variolous attacks after vaccination does not exceed four per cent, at the most. In the cases of failure, the disease was generally very mild.

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7. REMARKABLE INTERMITTENT HICCUP, ATTENDED WITH EXTRAORDINARY PHENOMENA.

[Dr. Hellis. Hotel Dieu de Rouen.]

A youth, at the age of seven years, felt a sense of fatigue rather than of pain, about the last dorsal vertebra, and soon afterwards a

similar sensation in the epigastrium, which was succeeded by hiccup, at first neither severe nor of long continuance. During the space of two years, this hiccup was renewed, from time to time, and with longer or shorter intervals; but always preceded by the sensations above-mentioned, arising from the spine, and stretching to the epigastrium, without, at first, deviating from this course, or extending to other points. But, after a time, this *aura* (to give it a name and to avoid periphrasis) began to take a wider range—darting from the epigastrium to the neck, and ultimately to every part of the body and extremities, except the head, to which it never extended. This radiation always took place immediately before and during the attacks of hiccup. In descending along the arms, this aura sometimes caused a kind of spasmodic contraction of the muscles, and clenching of the fists, during which, the hiccup would cease, for a moment, but re-appear as soon as the hand was opened. On this account, the boy often had recourse, and sometimes with success, to the expedient of clenching the fists, to relieve him from the hiccup. The attacks were, at first, separated by considerable intervals—but afterwards became almost weekly, and never ceased till the *aura* returned to the spine, the spot whence it first emanated, which generally required from one to three hours, unless interrupted by the clenching of the fists, as above described. It is curious that the clenching of the fingers had no effect on the hiccup, before the aura descended to the hand—and whenever the fingers were relaxed, the hiccup would return. On this account, he would sometimes keep the hand firmly clenched for a fortnight together, tying a handkerchief firmly round the fist on going to sleep, lest the grasp should relax and the hiccup return. In this state he had passed two years, when he was sent to ROUEN for his education. He was there examined carefully by Dr. Hellis, in company with Messrs. Godefroy, Blanche, and Vigné, members of the Royal Academy of Medicine. He appeared to have a good constitution; his neck was short—shoulders square and expanded—appetite and sleep good—no eruptive disease had preceded the present affection—the premonitory sensation is still a sense of tension and fulness in his back. This part was examined with great care, when a circular depressed cicatrix was remarked on one side of the spine, the origin of which could not be ascertained.

For three days previous to this examination, the hiccup had been suspended by the firm flexion of the fingers of the left hand. It was ascertained, by several trials, that the least relaxation of the flexor muscles renewed the epigastric aura and hiccup, which seemed, as it were, imprisoned in the clenched fist of the patient. When the attack was renewed, in this manner, by way of experiment, the effects were sometimes alarming, the boy being threatened with suffocation, spasms, and other distressing phenomena. It was tried whether ligatures placed on the arm, or on the lower extremities, when the aura was there, would have the same effect of localising or imprisoning this electric enemy, but they totally failed, as did moxas, blisters, &c. But what was still worse, the clenching of the hand failed after a time, and a new irradiation began to dart from the spine,

in various directions, exciting the hiccup in the same way as the original aura. At length this second aura reached the fingers of the *right* hand, and these being clenched, the new enemy was imprisoned, the spasms and hiccup instantly ceasing. By way of experiment, the physicians caused the two hands to be simultaneously opened, when two distinct auræ were felt to dart from the hands in various directions over the body, exciting a most tremendous fit of hiccup! The second aura, however, disappeared in a few days, and the only enemy being once more imprisoned in the left hand, the poor boy had a truce while he kept that hand clenched. The boy was incapacitated for his studies, and sent back into the country. This state continued for a year afterwards, when the phenomena gradually ceased, and he returned to ROUEN, much improved in appearance, and able to go through his scholastic exercises with ease. It is not a little curious that now a node, similar to that which we see in old arthritic subjects, occupied the index finger of the right hand, and two similar nodes two of the fingers of the left. These phenomena, we think, prove that the disease could not have been simulated, as one would be apt to suspect, had these physical changes of structure not appeared as a kind of evidence in the boy's favour.

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8. DISEASED AND WOUNDED ARTERIES.

[St. Thomas's Hospital.]

In our last we noticed a paper on this subject by Mr. Travers. That gentleman having detailed some further cases in the Medical and Physical Journal for July, we shall proceed to the consideration of them here.

Case 1. *Aneurism in each Ham: Cure in Eight Months.* Weale, æt. 25, accustomed to carry sacks of flour, entered the hospital, Nov. 14th, 1822, with a pulsating swelling in the left ham, of the size of a swan's egg, and which first appeared seven weeks previously. *Nov.* 22*d.* The femoral artery was tied with a single ligature; this came away on the nineteenth day, when the sac was much reduced in size. *Jan.* 2*d.* He was discharged in good health. In the course of a week there came on intolerable itching in the right ham, followed in a fortnight by violent cramps in the limb. In another fortnight a swelling appeared, which increased daily; and, on his re-admission, *April* 3*d*, pulsated, was very painful, and as large as a hen's egg. *April* 11*th.* The right femoral artery was tied with a single ligature, which separated on the thirteenth day. *May* 10*th.* Discharged with good use of his legs.

Mr. T. next notices a case of aneurism from the Medico-Chirurgical Transactions, in which a second operation, after the failure of the first, proved successful. He then glances at the case of a soldier, æt. 32, with aneurism in each ham, "who died on the fourth evening after the operation, of gangrene affecting the cellular membrane, which was discoloured and affected with fetid gas as high as the loin."

Case 2. *Diffused Aneurism, from Wound of the Artery in Bleeding.* Mary B—, æt. 20, was bled, Aug. 20, 1820, and the wound closed as usual. Immediately a thrombus-like swelling appeared, and in the course of two days increased, so as to extend from the elbow nearly to the wrist. There was much throbbing pain and tension which was partly relieved by leeches and cold lotion. 22*d.* Copious hæmorrhage from the lancet wound, which was not stopped till syncope took place. A free incision was now made into the tumour, its contents, partly fluid and partly solid, removed, and the artery exposed. This was tied above and below the wound, which had nearly divided the vessel. 23*d.* Arm much less swollen—pulse 140—no appetite. The incision has a sloughy appearance. *Dec. cinchonæ, infus. ros.* āā. ℥j. 6*tis horis. Lot. acid. sub. catap. lini.* 26*th.* The integument between the two wounds has sloughed, leaving a healthy granulating surface. From this time she continued to improve; by the 14th Sept. the wound had cicatrized, and, on the 18th, she was discharged, with an useful arm.

This case was very judiciously treated. In these diffused aneurisms, from puncture of the artery, it is generally the safest and wisest plan to secure the vessel above and below the wound. When, however, the patient applies some time after the accident, the case is different. The coagulum has become bounded by adhesions, a sac has been formed by the cellular membrane, the aneurismal tumour has become circumscribed, and now one ligature placed above it will be sufficient. This is an important distinction, both in principle and practice.

Case 3. *Wound of the Posterior Tibial Artery—two ligatures applied.* J. H. æt. 45, received a wound, an inch long, from a scythe, in the back of the leg, about four inches above the ankle. Profuse bleeding took place, but was stopped by a handkerchief, bound round the limb. On removing this, there was a second bleeding, which was arrested by a tourniquet on the the femoral artery. He was now brought to the hospital, a distance of fourteen miles. A sponge tent was introduced to the bottom of the wound, and a roller tightly applied "from the foot to the ankle." The tourniquet was then slackened. In three hours, hæmorrhage again—tourniquet tightened. *Aug.* 21*st*, two days after his admission, tourniquet slackened—no hæmorrhage. 23*d.* Sponge removed, and adhesive straps applied. The limb is rather swollen and painful; it starts occasionally. Slight sympathetic fever. 24*th.* Hæmorrhage to twelve ounces, stopped by the tourniquet. 25*th.* An incision, four inches long, was made, separating the lower most fibres of the soleus from their insertion, and taking the direction of the wound. A cavity, containing coagulum, and fringed with lymph, was exposed, on scraping which with the knife-handle, the ends of the vessel were seen an inch and a half apart, and each was tied with a single ligature. 30*th.* Both ligatures came away—wound healthy. *Sept.* 21*st.* The patient has gone on well. A slough was thrown off from the wound in the calf. A collection has formed above the heel.

Oct. 4th. Ulceration has taken place here, and has freely discharged. *Jan. 31st*, 1821. Discharged, cured. He has the full use of the leg.

To these cases, Mr. Travers has appended some remarks. He observes that compression by sponge, or other foreign body, cannot always be depended upon in the treatment of hæmorrhage, and that, where the ligature can be used, it is mostly preferable. "The permanent principle on which it (the sponge) acts, is that of stimulating to suppuration the fresh wound, the granulating surface of which effectually seals the bleeding orifice." With all due deference to the opinions of Mr. Travers, we conceive that suppuration is a very odd mode of plugging up an artery, and arresting hæmorrhage. We should say that the principle on which the sponge acts, is by stopping, for the time, the flow of flood, and inducing the formation of coagulum within the vessel, which is finally closed by the effusion of lymph, and adhesion of its walls. Our author, however, if we understand him aright, seems to think that the occurrence of an abscess is a security to the artery. Alluding to a case in the Medico-Chirurgical Transactions, he remarks, "the femoral artery had been divided by a carriage-wheel passing over the lower and back part of the thighs a fortnight before, and a cavity between the flexor muscles of the thigh formed, which, having gone into abscess, was for a time secure; but the ulcerative process being set up, and the wall of the abscess destroyed, the sealed mouth of the vessel was included in the destruction, and fatal hæmorrage ensued." If Mr. T. understands, by an abscess, what is generally understood as such, to wit, a cyst, containing matter, and formed by inflammation and *ulceration*, then we contend that, so far from being a security against hæmorrhage, it rather appears to us to be the reverse. Take, for instance, the case cited above. The femoral artery was wounded, and the blood forced into the cellular membrane between the flexor muscles of the thigh. Here it coagulated, and this *coagulum* was, for the time being, the security to the artery. But the effused blood became, like a foreign body, a source of irritation, and the suppurative process was set up for its removal. An abcess formed, and what was the consequence? An additional security against hæmorrhage? or a tendency to its recurrence? We should say the latter. The sponge, observes Mr. T. should not be suffered to remain in the wound longer than two, or, at the outside, three days. It should be removed as soon as suppuration occurs, and, if it be very firmly retained by adhesive matter, a poultice, applied some hours before the attempt is made, with a little patience in the operation, will always effect its removal without bleeding. If it remain in the wound for any length of time, it not only causes ulceration around it, but, by its irritation, induces neighbouring and remote abscesses in the limb. Thus, a man had the radial artery wounded; a sponge was introduced into the wound and kept there for several days. Sloughing of the integuments of the hand, exposing the extensor tendons, followed. When this healed, an abscess formed along the upper arm and axilla, a branch of the brachial artery was opened by ulceration, and the patient sank under the bleeding.

9. INFLAMMATION OF THE SPINAL MARROW.

[M. Ollivier. Hôpital Necker.]

It is of great importance to accumulate facts elucidating inflammation of the spinal brain, since this is supposed by many to play an important, though unsuspected part, in many dangerous diseases.

Case. A young lad, aged 16 years, was admitted into the NECKER HOSPITAL, on the 3d August, 1826, ill (according to a vague and scarcely intelligible account given by himself) about three days. He seemed abstracted and confused in his ideas, could only answer in monosyllables, and was constantly moving about in his bed. It appeared, however, that he had wandering pains in his limbs, headach, and diarrhœa. The countenance was yellow—cheeks red, epigastrium very tender, tongue red at the sides and tip, but moist. Under the idea that the boy laboured under gastric and intestinal inflammation, he was leeched, fomented, and had diluents given for drink. Next day (4th August) the leech-bites were still bleeding, but there was no amendment. The tenderness, which was supposed to be confined to the epigastrium, was now ascertained to exist all over the body, no part of which could be touched with the finger without causing the patient to cry out, on account of pain. This excess of sensibility over the surface induced the medical attendant to suspect that he had been deceived in his diagnosis, and that the seat of the disease was in the spinal marrow. As the leech-bites were still bleeding, and the boy very weak, M. Honoré contented himself with the exhibition of diluents. The mother of the patient having come to the hospital, they learnt that he had plunged eight or ten times from the bridge of Jena into the Seine, on the 31st of August—that, at the last plunge, he had hurt his left leg, but so slightly that he walked home—and that, during the succeeding night, he had been very restless, and complained much. *5th August.* The patient was delirious, and talked incessantly, but incongruously. Mercurial frictions every six hours. *6th.* All the symptoms aggravated, except the diarrhœa. The frictions could not be properly applied, on account of the universal soreness of the body. *7th.* Extreme agitation—cries out constantly—convulsive and involuntary movements, especially of one of the lower extremities—cannot lie a moment in one position—face flushed—pulse quick and strong—skin hot. Twelve ounces of blood from the arm—small doses of laudanum—warm bath. *8th.* No alteration. *9th.* Prostration of strength—died in the evening.

Dissection. The membranes of the brain were sound—the cerebral substance somewhat more dense than usual. The envelopes of the spinal marrow appeared natural, and the medulla spinalis itself, at its upper part, seemed healthy. Opposite to the 7th cervical vertebra, the spinal marrow was evidently softened, and infiltrated with pus. This species of lesion extended to the 4th or 5th dorsal vertebræ, from whence to the cauda equina, the organ was unaffected. In the chest, the lungs were sound; but the pericardium adhered to the

heart throughout by a soft, cellular, lamellated tissue. There was no other organ or part in a state differing from health.

We think the inflammation of the pericardium, by which that membrane was glued to the heart, played no unimportant part in the symptoms and death of the patient.

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10. HYPERTROPHY OF THE HEART; GASTRO-ENTERITIS.

[Dr. Richard. General Hospital, Evreux.]

A young man, 20 years of age, of sanguineous temperament, fell ill on the 4th October, 1823, after violent exercises in hunting. Dr. Richard found him labouring under strong fever, with sense of oppression and acute pain in the chest, particularly in the mammary regions. Twenty leeches were applied to the chest, followed by fomentations, which gave temporary relief. The irritation was next transferred to the encephalon, where a great congestion took place. The pulsations of the heart were of extraordinary violence—the head-ach intolerable—the *knees and feet swelled and painful.* Four *large bleedings* were taken from the arm, and one from the feet—sixteen leeches were applied to the neck—*pediluvia very hot—fomentations to the knees.* These measures produced no mitigation of the symptoms. Four leeches were then applied to the interior of the nares, which determined a copious epistaxis, followed by a completo remission of the symptoms. Dr. R. discontinued his visits on the 23d of October, the 19th day from the commencement of the attack.

In 1825, eighteen months after this illness, the young man entered a mercantile house in Paris, where his health was by no means good, and where he was several times bled from the arm, always with relief. In the autumn he returned to Evreux, and Dr. R. visited him in September. He was then affected with cephalalgia, dyspnœa, palpitation of the heart on walking quick or going up stairs. The pulse was full, hard, and accelerated—the appetite too great, the digestion apparently perfect. He was twice bled, and rigid regimen, with repose, was enjoined. In October, he returned to Paris, and there got worse. He was several times bled by his Parisian physician, with considerable relief. Again he returned to Evreux, and, after some imprudence in exercise, was completely laid up.

Nov. 4th. Pulse hard and quick—violent epigastralgia—ardent thirst—nausea—eructations, bilious vomitings—constipation—agitation—acute pains in the loins and various joints—hot and dry skin. Fifteen leeches to the epigastrium—barley water—emollient lavements. The leech-bites bled copiously for 24 hours—and the patient was greatly relieved for a time, when the symptoms returned as violent as ever, with great difficulty of breathing, pains in the chest, distressing watchfulness, palpitations, and nauseæ. Fifteen leeches were applied to the epigastrium, and produced a great discharge of blood, with mitigation of the symptoms for two days. *9th November.* All the symptoms were aggravated, and the action of the heart was frightfully tumultuous. The wretched patient could not stay in bed a moment. A large quantity of blood was taken

from the arm, and the young man had a respite from his sufferings till five o'clock in the morning, when they returned with violence, and he died at nine o'clock on the 10th November.

Dissection. The thoracic organs were all glued together by adhesive inflammation—the pleura thickened—the lungs hepatized in several places—the heart of a most enormous size, and intimately adherent, at all points, to the pericardium, which was red and thickened. The four cavities of the heart were prodigiously dilated, especially the ventricles, the parietes of which were an inch and a half in thickness. There were large polypiform concretions in the heart extending into the great vessels. The mucous membrane of the stomach was red, thickened, and covered with a dense coat of mucus. There were unequivocal traces of phlogosis in the duodenum and small intestines. The liver was rather large, and the other organs in their natural condition.

The reporter of the above case was called upon to open the body of a magistrate, who died in his neighbourhood, of aneurism of the heart, and there he found traces of inflammation in the mucous membrane of the stomach and intestines. From these two cases he seems very much inclined to conclude, that the abdominal phlogosis was more than an accidental complication of the cardiac malady—in fact, that it was the principal cause of the latter. We cannot, for a moment, coincide with Dr. Richard. We consider the origin of the disease to be acute rheumatism, the rheumatic irritation and inflammation (chronic or sub-acute) being ultimately transferred to the heart and membranes of the chest generally. Dr. B. remarks, that we are too apt to overlook the state of the digestive organs in affections of the heart. We would be inclined to draw the opposite conclusion, and say, that we are too apt to look upon real organic disease of the heart and lungs as merely sympathetic affections, resulting from disorder of the digestive organs.

The foregoing case affords another instance of the bad effects of large and repeated bleedings in acute rheumatism. Every day's experience furnishes us with proofs of the danger of metastasis from such violent depletion in this peculiar disease. The metastasis may not be immediate—but it may be more dangerous, because more insidious, in the slow form of movement which it pursues.

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11. ON PULMONARY APOPLEXY.—DR. BOUILLAUD.

[Hospital Cochin.]

The above term sounds rather oddly to English ears; but it is by no means an improper term, and the authority of Laennec is a sufficient passport for its introduction into the pathological nomenclature of the present day. Laennec was the first who traced, with any degree of minuteness, the nature of pulmonary apoplexy, or hæmorrhage; but many important additions have since been made to our knowledge of this serious malady. It is with the view of filling up lacunæ, that the distinguished Physician of the COCHIN HOSPITAL comes forward on the present occasion.

Case 1. E. T. Gerault, aged 58 years, Professor of Belles-Lettres, of sanguineous and strong constitution, with large chest, and otherwise well-formed, was admitted into the Cochin-Hospital on the 22d September, 1822. He stated that he had been ill for six years, after a voyage to a tropical climate. Since that voyage, he had been subject to what he called attacks of *asthma*, especially in cold and damp weather. The intervals were of various duration, but they had become shorter, and the attacks more severe, since a suppression of the hæmorrhoidal discharge. M. Gerault had been at the hospital two years previously, for the same complaint, and was considered to be labouring under aneurism of the heart. In 1821, he had spat up some blood for a fortnight. Some time subsequently, after a long walk, he became affected with dyspnœa to a great degree, so that he could scarcely move without a sense of suffocation, constriction in the centre of the thorax, and decubitus difficilis on the left side, some cough, demi-extinction of voice, regular strong pulse slightly accelerated, tongue white and moist, trifling diarrhœa.

At 11 o'clock at night, of the first day in the hospital, Dr. B. was summoned, and found the patient in the following condition:—sitting up in bed, breathing with difficulty—face pale—eyes haggard and prominent—cold perspiration over face and body—continually rocking from side to side—great wheezing in the bronchia—all the respiratory muscles in strong action. The pulsation of the heart could not be heard or felt—the *former*, probably from the great wheezing, the *latter*, from the violent agitation of the chest in respiration. The pulse was precipitate and irregular, the voice almost extinct, the patient earnestly supplicating for relief. M. B. bled him on the spot. The blood was black and thick. It issued with difficulty, at first, but afterwards sprang out with force. Sixteen ounces were abstracted. This measure, together with a sinapism to the back, and some antispasmodic medicine, produced a degree of relief, and the patient was able to lie down, with the head well elevated. 12*th September*. The patient felt himself much better; but still his condition appeared very alarming to his physician. The mucous wheeze (râle muqueux) continued—the sputa were viscid, and tinged with blood—breathing very short—face of a violet colour—lips livid—pulsation of the heart imperceptible by the hand—audible faintly in the front of the sternum—pulse soft and embarrassed. Cupped and scarified on the chest—colchicum and expectorants. 13th. The amelioration was considerable this morning; but the face was red and partially livid. 14th to the 30th. The respiration is sometimes free, sometimes impeded—countenance pale—hands blue. During the first eight days of October, the patient spat up a large quantity of black blood—the legs swelled. On the 13*th October*, there was another abundant hæmoptysis, and on the 14th, he died.

Dissection. The right pleura costalis and p. pulmonalis were adherent—in the left pleura, there was a pint of reddish fluid. Both lungs presented the cadaveric engorgement at their inferior parts (which happened to be the *anterior*, as the body was turned on the face soon after death)—the posterior parts of the lungs were crepi-

tant. A considerable proportion of lung, however, was found in a state very different from that of mere cadaveric congestion—namely, with a quantity of blood extravasated in the air-cells, and combined, as it were, with the pulmonary structure itself, forming a substance resembling spleen. There was, therefore, but a small proportion of lung which was permeable to the air. The bronchia were gorged with sanguinolent mucosities, and the mucous membrane was of a violet colour. In the pericardium, there were a few ounces of fluid, of a sanguinolent and flocculent character. The heart, which was gorged with blood, was double its natural size, and, together with the effusion, encroached greatly on the lung of that side. The auricles were dilated in their cavities, and thickened in their parietes. The walls of the ventricles, especially the left, were in a state of hypertrophy. There were several other alterations of structure about the heart and arch of the aorta, which we need not specify.

In the abdomen, the liver was found gorged with blood, and, in fact, in nearly the same state as the lungs. The mucous membrane of the stomach was injected, and, in some places, inflamed.

The other case is not materially different from the one we have detailed, and may be passed over. It is this state of pulmonary engorgement, or apoplexy, which generally gives rise to hæmoptysis, the latter not resulting, ordinarily, from the rupture of any large vessel. In ulcerations, however of the lungs, as in ulcerations of the intestines, the blood may and does come from the mouths of open vessels, and not by a species of exhalation.

The auscultic characters of pulmonary apoplexy, as laid down by Laennec, are the absence of respiratory sound in the part, and the râle muqueux. But it is not very easy always to distinguish this engorgement from common hepatization, and other morbid states, in which the cells of the lungs are not permeable by the air.—*Archives Generales.*

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12. CASE OF ACUTE SCURVY. PURPURA HÆMORRHAGICA.

[Hôpital St. Louis.]

J. Delsalles, aged 27 years, of strong constitution, was in the habit of sleeping in a damp and ill-ventilated apartment, which so affected his breathing that, in hot weather, he usually kept the window of the apartment open. Having one day committed an excess in drink, he felt unwell that evening; and, in the course of the succeeding day, he perceived petechiæ, spreading over his body. Not being ill in health, Delsalles paid no attention to these petechiæ, at the time; but the spots gradually increased, in number and in size, and at the end of six weeks, a violent epistaxis came on, which could not be checked by any of the means used. It was on the 5th day of this epistaxis, that the patient entered the Hôpital Saint Louis, viz. 5th July, presenting the following symptoms:—extremely numerous ecchymoses dispersed over the whole surface of the body, varying in size, from a millet seed to that of a twenty sous piece, and some even

larger. Some of them resembled flea-bites—they were not elevated above the surface of the skin—their colour was between a pale red and a purple. Blood, very fluid, but rather pale, dripped slowly from the nose and gums—the tonsils, palate, and fauces appeared of a blue colour—face pale. Yet the patient did not appear to be much weakened, and he had walked that day twice to the hospital, before he was admitted into it. M. Richerand pronounced the disease "un scorbut três grave," and ordered antiscorbutic ptisans, with wine, &c. Towards the middle of the day the patient began to complain of head-ach, which soon became violent, the pulse being small and concentrated. Cold to the head, sinapisms to the feet. At midnight, the epistaxis, which had ceased from midday before, re-commenced, and blood came from the ears—breathing very difficult—and at each respiratory movement, a quantity of frothy blood came from the mouth. The ecchymoses now developed themselves in the conjunctiva. The pulse remained in the same state. At three o'clock next morning, the patient lost the use of his intellectual faculties and of his voluntary muscles, except those of one arm. The breathing became laborious—the discharge of blood from the mouth very copious, so that the patient's bed was inundated. At 5 o'clock *he was bled to eight ounces*, and in a few minutes expired.

Dissection. The vessels of the pia mater were distended with black blood; and this membrane presented also a large infiltration of blood towards the middle and superior portion of the right hemisphere. This hemisphere shewed at its interior face, near the posterior extremity of the corpus callosum, a fluctuating tumour, from which there issued a quantity of blood, when punctured. Blood was found in the lateral and middle ventricles. The cellular tissue surrounding the dura mater of the spinal canal was infiltrated. There were ecchymoses on the pericardium and heart, and some sanguinolent serosity in the bag of the pericardium. The heart itself was pale and flaccid—the ventricles empty—ecchymoses on the surface of the carneæ columnæ—aorta, pulmonary artery, and vena cava of a red colour internally, and contained fluid blood. There were some ecchymoses on the external and internal surfaces of the aorta. In the larynx there were several ecchymoses—trachea very red, and, together with the bronchia, presenting numerous ecchymoses—much blood in the mucous follicles—many points of extravasation in the parenchyma of the lungs—much sanguinolent serum in the cavities of the pleura. The tonsils were of a violet colour, œsophagus contracted and pale—internal surface of the stomach of a purple tint—black fluid in the stomach and duodenum—various ecchymoses in the course of the small intestines, and on the peritoneum—spleen almost exsanguious—liver sound—skin, covered, in various places, with ecchymoses.—*Bibliotheque Medicale.*

If the above case does not show that there is some truth in the "humoral pathology," we are much mistaken. At the time we translated this case, we were in attendance on an interesting one of a similar character, with Mr. Pretty, of Mabledon place, some particulars of which may not be uninteresting. We shall give them from Mr. Pretty's notes.

"*Case.* G. Oldney, a carpenter, of temperate habits, became affected with subacute inflammation of the mucous membrane of the larynx and trachea in January 1827. By proper measures these symptoms were mitigated, and he resumed his work. But again they returned, and with them a discharge of blood from the mouth and throat of a dark purple colour. On inspecting the mouth, some spots were seen on the inside of the cheeks, elevated above the surrounding surface, and discharging blood. Some of them were the size of a sixpence, and elevated the thickness of a half-crown piece. These spots ultimately affected the velum pendulum palati. Blood was also brought up by hauking from the fauces, and probably from the air-passages. The pulse got up to 120, and even 140, without strength or fever. On the second or third day, petechiæ began to appear on the legs. Dr. Johnson visited the patient with Mr. Pretty, and small doses of ol. terebinth. were prescribed, with compound tincture of bark, and astringent gargles. Next day the pulse fell to 100. He continued to lose blood, but in less quantity. The turpentine was increased, and the sulphate of quinine was ordered. The blood continued to ooze from the mouth and throat for many days, but not to any great extent. Some also appeared in the urine. The petechiæ ultimately went off, and the hæmorrhage ceased. But now the symptoms of laryngeal disease advanced. He went off to Devonshire—had a dreadful passage by sea—and ultimately died of laryngeal phthisis.

13. REMARKABLE TENDENCY TO PHLEGMASIÆ.

[M. Lomel. Military Hospital, Strasburg.]

This case is recorded in M. Broussais' "*Annales de la Medecine Physiologique*," a journal which we have only recently procured in exchange, but which will hereafter be more known to our readers. There is a passage in the preliminary discourse to the first number for this year, which we shall extract, as not a little applicable to our own times and country. M. Broussais is speaking of a new French quarterly journal, on a plan nearly similar to our own, and which is to be conducted without any party-spirit, but solely for the purpose of collecting the rays of knowledge from all quarters, foreign and domestic—and then diffusing them in a concentrated form, through the various ramifications of medical society.

"Nous ne pouvons qu'applaudir à des vues aussi sages, aussi philanthropiques. Il était temps que les gens de bien se réunissent pour neutraliser les efforts de *ces coteries* où l'on excite *les passions* contre les hommes de la science qui n'en font pas partie."

We sincerely hope—indeed we are thoroughly convinced that the tide of dissention and party spirit which has, of late, unhappily overflowed, in this country, is now rapidly ebbing—an event that must give great satisfaction to all those who wish well to medical science, and desire the respectability of its professors.

Case. A sub-officer of artillery, aged 23 years, of sanguineous temperament, entered the Military Hospital at Strasburg, on the 5th of December, complaining of acute pain, of four days' duration, in the lower part of the left side of the chest, verging round towards the epigastrium. The patient affirmed that he felt the pain first in the spinal column, and that it afterwards extended forward. Deep inspiration caused much inconvenience, as well as coughing, which last, however, rarely occurred. The left ribs were nearly motionless in the act of breathing—percussion there caused pain, but elicited a clear sound. There was but little increase of heat—the appetite was gone—the tongue white in the middle, and rather red at the tip and sides—bad taste in the mouth, which was dry and clammy—thirst—pulse frequent and hard. He slept pretty well and the bowels were regular. Twenty leeches were applied to the affected side—he was put on the lowest diet—and diluent drinks were prescribed.

6th. The leeches bled copiously, and the pain was much diminished; but the skin was dry and hot—the pulse quick, but less hard—thirst, confined bowels. *Emollient lavement.* 7th. Same state—same prescription. 8th. The bowels opened; but the symptoms nearly the same. Fifteen leeches to the anus. 9th. Passed a good night—pain of side gone—can breathe freely. Pulse is still quick and hard.

10th. Acute pain in the right thigh, where a phlegmonous swelling appears. Thirty leeches to the thigh. 11th. The tumour diminished. Some febrile symptoms still remain. 12th. Another inflammatory swelling has appeared in one of the arms. Twenty leeches to this part. 13th. The swelling on the arm is diminished; but a similar phlegmon has appeared on the corresponding knee, to which 20 leeches have been applied. 15th. Inflammation has occurred in the ankle of the same extremity. Ten leeches to this new phlogosis. 18th. Some pain of the head is complained of, the other local inflammations having much subsided. 20th. To the head-ach were added swelling of the left side of the face, and erysipelas. The constitutional disturbance is now considerable. 21st. The swelling of the face is so great that the patient can scarcely open his eyes. A pustular eruption is appearing over the body, as large as varioli. The febrile symptoms aggravated. 22d. The patient is delirious. Twelve leeches were applied to the temples; but the appearance of the erysipelas and the constitutional symptoms leave little hope of life. He died next day.

Dissection. Under the seat of erysipelas in the face, there was a depôt of purulent matter, and denudation of some of the bones. There was purulent matter, of no good quality, found in all the other seats of inflammation, above alluded to. There were six ounces of purulent matter found in one of the knee-joints, the synovial membrane being much inflamed. The vessels of the pia mater were highly injected, and some portions of the brain were positively inflamed—the cerebral substance being generally firmer than natural. The vertebral canal presented a large quantity of bloody fluid infiltrated into the cellular tissue, but the medulla spinalis itself was firmer than natural.

In the chest there was very little variation from a state of health, except some pleural adhesion. In the stomach several zones of vascularity were observed in the mucous membrane, together with thickening and softening of that tissue. The internal surface of the small intestines was red throughout; some patches of inflammation in the large intestines. There was no other disease in the abdomen. —*Annales de la Medecine, &c.*

The above case is certainly remarkable for the powerful tendency to inflammatory action in different tissues, and consequently presenting different trains of phenomena. M. Broussais justly remarks that such inflammatory tendencies can only be successfully treated by early and energetic depletion. Had such measures been employed in the above case, it is probable that the inflammatory irritation would not have spread from one tissue to another, with ultimate destruction of life.

14. STRANGULATED HERNIA.*
[St. Bartholomew's.]

The more we see and read of strangulated hernia, the more we are convinced of the advantages and success of an early operation. We are quite sure that five out of ten of those who have died after operation, would, in all probability, have been saved by an earlier use of the knife. Mr. Earle has related two cases which bear upon the question.

Case. J. E. æt. 30, was admitted into hospital, April 27th, with a large scrotal hernia. This first took place at the age of twelve, in consequence of a blow; it was reduced, and he applied a truss, which, however, he left off for ten years, during which time the gut only descended occasionally, although he exerted himself much as a drayman. For the last four years the hernia had been more troublesome, and obliged him to return to his truss. Notwithstanding this was on, the gut descended at half-past nine on the morning of his admission, and could not be reduced. It rapidly increased in size, and became tense and painful. At half-past twelve Mr. Earle saw the patient. He was placed in a warm bath, bled to faintness and the taxis employed, without effect. A tobacco glyster was then thrown up; it produced depression of the pulse and sickness, and the taxis was tried again, but the tenderness of the tumour and abdomen increased so as to call for an immediate operation. This was performed at two P. M. The tumour distended the scrotum, and the testicle could be felt at the back of it. In the sac there was much fluid, and a fold of small intestine, seven inches in length, much discoloured, and closely girt at the external ring, the stricture of which was increased by the protrusion of a portion of the thickened and congested omentum. Although both the sac and ring were fairly divided by the knife, no impression could be made either upon the gut or omentum. The inguinal canal was laid open, and

* Med. and Phys. Journ. July.

some healthy intestine drawn down, but the stricture at the inner ring, was so narrow as to require "a *third* application of the hernial knife."* The omentum was now returned, and after drawing down some more intestine the reduction of the whole was after a time effected. The testis was seen at the bottom of the sac, inverted with the tunica albuginea. The edges of the wound were brought together with sutures, &c. as usual, and a purgative enema thrown up with magnes. sulph. 3ss. every three hours. At 5 P. M. there was pain in the abdomen, which was relieved by the abstraction of twenty-four ounces of blood. Not a bad symptom followed and the wound healed by the first intention.

Remarks. Mr. Earle's practice was decided, and, in our humble opinion, highly judicious. Another surgeon might perhaps have temporised—might have said—"Let us wait and see what a little rest, and the taxis afterwards, when the parts are quiet, will do for the patient." Why, ten to one that it would have done that, which no subsequent operation could have undone,—either induced mortification in the gut, or given rise to a fatal peritoneal inflammation. The rupture, in this case, took place at half past nine, the operation was performed at two, and yet in this short space of five hours, the stricture was rendered so complete, that it was necessary to divide the external ring, inguinal canal, neck of the sac, and inner ring, before it could be relieved.

Case 2. C. M. æt. 29, was admitted at midnight, May 1st, with strangulated hernia. When eight years old the right testicle descended, and soon after he discovered a rupture on that side; for this he tried to wear a truss, but it caused so much pain in the testis that he left it off. The rupture could always be reduced till the preceding night, when the tumour felt tense. In the morning it was larger, and he vomited every thing. A medical man now prescribed purgatives, but these giving no relief, he was sent to the hospital.

Mr. E. saw him at two A. M. The tumour was tense, and very painful, there was tenderness in the lower part of the abdomen; the pulse was feeble; countenance anxious; and skin clammy. The operation was resorted to forthwith. On cutting through the integuments, the sac was found to be narrow for an inch and a half from the ring, and then to swell out into a large globular tumour. On puncturing this, some fetid fluid was discharged, and a large fold of small intestine exposed; its surface was rough and highly discoloured. It was girt by a firm annular contraction at the lower part of the tunica vaginalis of the cord; "the sac being formed by that portion which should have enveloped the testicle, and which had assumed the size and shape of a large hydrocele." The vaginal canal was slit up, and the opening found to communicate directly with the ab-

* "I mention this circumstance, the rather as in a publication (the Lancet) which professes to give correct hospital reports, it is stated that the hernial knife was not used at all!!"

domen, there being, in fact, no distinction between the outer and inner ring. The gut immediately above the stricture was comparatively sound; some of it, therefore, was drawn down, and the contents of the diseased portion gently pressed into it. Mr. E. hesitated whether he should attempt to return this, but a slight pulsation appearing in the arteries of the part, he divided the neck of the sac at the ring, and cautiously reduced the intestine. 3 A. M. Pain in the abdomen; v. s. *ad* 3xxx; two enemata, which brought away, four stools. A 8 A. M. sixteen ounces more blood were taken away, and a saline draught with magness. sulph. 3j administered. At night, he took a dose of calomel and opium, followed by castor oil, next morning. From this time he went on favourably, under a water-gruel diet, and occasional application of leeches. On the 27th, it was necessary to bleed him for pain in the seat of the disease, and pain in the abdomen. On the 27th, fluctuation being felt above the wound, it was punctured and six ounces of good pus discharged. In a week the abscess closed, and he is now walking about the wards convalescent.

Remarks. Here is another instance of the rapidity with which strangulation, or something near akin to it, succeeds the descent of the intestine. In 24 hours the disease had made such progress that Mr E. observes "In the course of my experience, I never met with an instance of recovery where the intestine was so much discoloured." Had the case not been treated with the promptitude and decision with which it was—had the operation been delayed but for one short hour, there is every reason to believe that irremediable disorganization would have taken place, and the patient's fate have been irrevocably sealed. Mr. Earle remarks that the situation of the stricture is by no means common. Wrisberg gives a similar case, and so does Mr. Lawrence. We quite agree with our ingenious author, that the abstinence from food and medicine, with the depletion, general and local, mainly contributed to the fortunate result.

15. COLICA PICTONUM.*

[Hôtel Dieu d'Orleans.]

It appears that, in and about Orleans, there are great numbers of people employed in white-lead manufactures, and consequently the author of the volume under review, as chief physician of the Hôtel Dieu of that city, has had great experience in this painful and sometimes dangerous disease. Between the years 1820 and 1826, he has treated 147 cases of colica pictonum in the above hospital, without the loss of a single patient. The statement is perfectly authentic, as he has given the name of every individual, with the date of his entry and discharge, so that any misrepresentation would be immediately detected by the medical officers of the hospital.

* Memoire sur les Empoisonnemens par Emanations Saturnines. Par M. Ranque, Medecin en Chef de l'Hôtel Dieu d'Orleans. 8 vo. 1827.

The following are the symptoms which this disease has generally presented to Dr. Ranque:—At the beginning, distaste for food—nausea—slight salivation—disagreeable dreams:—soon afterwards, there is vomiting of the alimentary matters mixed with bile of various colours, yellow, green, black, &c. together with some mucosities. Then we have severe pains about the umbilicus, in the hypochondria, in the epigastrium, loins, and iliac fossa, returning at intervals—these intervals being long at the beginning, but gradually shortened as the disease advances. The pains are always worse at night than in the day. They are generally accompanied by headach, pains in the knees, calves of the legs, ankles, soles of the feet, and insides of the thighs. These pains frequently alternate with those of the abdomen. They seldom attack the wrists, elbows, or shoulders. The abdomen is generally insensible to pressure, without any change in its natural temperature. There is no increased action of the arteries in any part of the body—no redness or dryness of the tongue—no thirst—no pyrexia—pulse generally below 60 in the minute. The constipation is most obstinate, and when stools are procured, the fæces are in little balls like goat's dung. The urine is usually clear and abundant. The expression of the eyes and countenance is altered, and indicative of suffering and inquietude—the *morale* of the individual is in a state of complete prostration. In a few cases, comparatively speaking, there were symptoms of inflammation in the abdomen. In a still smaller proportion of cases, the disease assumed a terrific form, being complicated with cerebro-spinal affection, the marks of severe organic changes being found in the brain, spine, and organs of sense.

The author does not propose his mode of treatment for those cases in which there are symptoms of inflammation in the abdomen. This inflammation he considers as quite a supervention, and in no way essentially connected with true colica pictonum, which is an affection of the nervous system quite independent of phlogosis. When abdominal inflammatory symptoms appear, the disease is to be treated by leechings alone, and the treatment of the colica pictonum is to be, for the time, suspended.

In the uncomplicated cases of colica pictonum, characterised by the symptoms already detailed, our author has invariably succeeded by the *methodus medendi* now to be described. This method consists in a plaster over the abdomen—another over the loins—glysters—and a certain potion internally. The plaster for the abdomen is composed of an ounce and a half of emplastrum galbani compos:—the same of emplastrum lyttæ—half an ounce of "thereaque"—one drachm of camphor, and half a drachm of sulphur. These are to be incorporated, secundem artem, and spread on a large piece of leather which may cover the whole front of the abdomen. Previously to its application, however, the plaster is to be warmed, and a drachm and a half of tartar emetic, mixed with some camphor and sulphur, is to be spread over its surface. The plaster over the loins is to be made in the same way as that for the abdomen, with the exception of the tartar emetic, which is to be omitted. Those parts which

are in pain, in any other part of the body, are to be rubbed with a liniment, into the composition of which, the extract of belladonna enters pretty freely. A mixture is also taken internally, each dose of which contains 20 drops of the etherial tincture of belladonna, (one ounce of the powdered leaves infused for three days in three three ounces of sulphuric ether,) drinking plentifully of barley water, with or without gum arabic. The patient is to take no solid food whatever, and indeed as little of any kind of nourishment as possible. The lavement made use of by Dr. Ranque is composed of decoction of linseed—four ounces of oil—and twenty drops of the tincture of belladonna above described. The lavement and the potion are to be taken every day. On the third day, the abdominal plaster is removed—the lumbar one is allowed to remain on. If, however, the colicky pains should not have ceased by the third day, which they generally do, the abdominal plaster is to continue on some time longer. In such cases there will be a plentiful crop of antimonial pustules, and much cutaneous irritation, for which fomentations and poultices must be employed.

The cure required from two to twenty-five days. One hundred and twenty-nine were cured between the second and twelfth day—the remainder between the thirteenth and twenty-fifth day. In almost every case, the vomitings ceased on the second day of the treatment. By the fifth day, the abdominal pains ceased in the great majority of cases. On the sixth day the pains in the limbs ceased, and the constipation was overcome soon afterwards, which was the prelude to restoration of health.

The success which Dr. Ranque obtained by this method, in colica pictonum, unaccompanied by any fever or inflammation, induced him to extend it to some other affections, viz. to chronic vomitings, (of apyrectic character)—to tetanus, (not traumatic)—to epilepsy, considered dependent on abdominal derangement—to puerperal mania, &c.—and in various cases he has been fortunate.

From what appears in this volume, it is evident that the author, although he lost none out of the 147 cases recorded in the tables, lost other cases which are not detailed. He says, indeed, that these were of a different character—that they were complications—and that the patients died of the supervening affections. But still these cases ought, in all fairness, to have been given. Assertion is no proof in medical matters. We agree with the author, however, in believing that colica pictonum is originally and commonly an affection of the nervous apparatus of the alimentary canal; and that it affects other parts of the system consecutively. We believe that the disease may run its course, without materially or evidently affecting the vascular system. But there are cases in which both systems are affected, and then a modification of treatment is necessary. It is evident that the principle of Dr. Ranque's treatment is founded on counter-irritation externally, and sedatives internally—the laxative injections being no more than is indicated in all torpid states of the bowels. The counter-irritation, so powerfully effected by the extensive application of the antimony, must doubtless make a great

and salutary impression on the disease, and it is worth the attention of practitioners, when they meet with this painful malady.

We shall here introduce a case and some observations by Dr. Pascal on the COLIC OF MADRID, a disease nearly allied to, if not identical with, that under consideration.

Case. H. Henry, a soldier of the first regiment of infantry, aged 22 years, of good constitution and bilio-sanguine temperament, entered the Military Hospital of Madrid on the 9th May, 1824, for an intermittent fever, which disease persisted till the beginning of July. At this time, he was seized, without any apparent cause, with obscure deep-seated pain in the abdomen, obstinate constipation, and dysentery, without either dryness or redness of the tongue. The abdominal pains soon became excessive, and to these were added pains along the spine, and under the sternum, as also along the arms. From this time the patient had no rest—the insomnium was constant—eyes haggard—the muscular movements irregular—the temper irritable—great prostration of strength. Paralysis of the upper and lower extremities now appeared—and the bowels, which hitherto had remained obstinately confined, became soluble. He died on the 17th July. Diluents, antiphlogistics, and warm baths, were the only means employed.

On dissection, the membranes of the brain were found highly injected; but the cerebrum and cerebellum were in their natural condition. There was some serous fluid in the lateral ventricles—the spinal marrow was highly injected, and firmer than natural—the lungs were gorged with blood, but shewed no trace of inflammation. The tissues of the heart were much injected, and the internal surfaces of its chambers were red. The mucous membrane of the stomach was pale—the intestines natural. The ganglia of the abdomen were almost all red, and most of them apparently enlarged.—*Mem. de Med. et Chirurg. Milit. Vol.* xix. 1826.

In the same volume Dr. Pascal relates several other cases of the Madrid colic, in which the ganglionic system presented similar appearances. Hence he concludes that the traces of inflammation which are found in these subjects, are consecutive of the original affection of the ganglionic nerves.

In a memoir published in *the Journal Complementaire*, by Dr. Marquand, the same view of the Madrid colic is taken. This gentleman had the charge of the Military Hospital of ST. JACQUES DE COMPORTILLE, in which institution there were never fewer than 40 or 50 patients affected with this disease. The following is the course which the malady generally pursued, according to his observation;—slight and transient pains were first complained of, in the line of the colon, especially of its transverse arch, without any material disturbance of the functions. Afterwards moroseness of temper was conspicuous—inappetence—difficult defecation, but not decided constipation —much flatulence and discharge of wind. This state lasted two or

three days, at the expiration of which, all inclination to stool ceased, and the flatulence disappeared. From this period, gastric symptoms were developed. There was pain in the epigastrium—pallid and dejected countenance—small, slow, and contracted pulse—scanty urine—dry but not hot skin. The patient was inclined to sit with his arms folded on, and pretty forcibly compressing the abdomen, the trunk of the body bent forwards. To these symptoms succeeded hiccup and vomiting of glairy and bilious matters. No sleep. The belly now became flattened, and pain was complained of in the right hypochondrium, and sometimes in the umbilical region, but without any diminution of the epigastric pain. The eye became yellow, and the yellowness spread to all other parts of the body. These symptoms gradually increased, and led to the tomb:—sometimes with mere marasmus—sometimes with paralysis. In the course of the disease there were occasional remissions which promised convalescence, but these were deceptive.

The treatment which proved most successful in this terrible disease was a combination of opiates and purgatives.

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16. UNUNITED FRACTURE CURED BY PRESSURE.*

[St. George's Hospital.]

In a note to the article on "carotid aneurism" in our last number we alluded to this case, but gave no particulars of the treatment. These have since been detailed by Mr. Brodie in our esteemed contemporary for July, and it may not be uninteresting, just to glance at the means by which the cure was affected.

J. M'Ewen, æt. 24, broke his right arm and left leg, in November, 1825. He was taken to a hospital and treated in the usual way. The fracture of the leg did well, but no union took place in the arm. In August, 1826, he went to Panton Square, when Mr. Wardrop passed a seton, which was withdrawn at the end of a week. After a time the patient was discharged, and reported as *cured* in the Lancet. In Nov. 1826, he entered St. George's, the broken ends of the bone appearing to be united by ligament, riding one over the other, and admitting of extensive motion. Mr. Brodie now determined on applying pressure, on the principle suggested by Mr. Amesbury. The fore-arm being semi-bent, a wooden splint adapted to its figure, and reaching from the axilla to the fingers, was applied on the inside. On the outside of the arm, a straight splint was placed, extending from the shoulder to the outer condyle, and both splints were then secured by bandages. Over all there was a tourniquet, the band of which embraced the fracture, whilst the degree of pressure thus made on the broken bone was easily regulated by the screw, which was on the outside of the arm. The splint on the inside being broader than the limb, and only slightly concave, the principal vessels were defended from pressure, and whatever was the force employed, the circulation was but little interrupted. In six weeks, the motion of the fractured bones was much diminished, and

* Med. and Phys. Journal.

at the end of three months none was perceptible. On the 31st May, the man left the hospital, the bones being firmly consolidated and the arm as useful as before the accident.

This case does credit to the ingenuity and perseverance of Mr. Brodie, and we have no doubt that pressure, properly and steadily applied, will prove effectual in many, if not most, of those cases of ununited fracture, which have been not unfrequently an approbrium to surgeons and surgery.

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17. CUTANEOUS DISEASES.

[Meath Hospital—Dublin Infirmary.]

The following cases are recorded by Drs. Graves and Stokes, from their clinical practice in the above-mentioned institutions.

Case 1.—*Psoriasis.* A stone-cutter, aged 40, was admitted with scaly eruption covering the back and right shoulder—the skin beneath the scales being of a bright red colour. The pulse and functions were natural. Several venesections were employed, together with repeated applications of leeches and warm ablutions. Purgatives were also freely administered, and saturnine lotions applied. Under this plan of treatment he was almost cured; but had a partial relapse, probably from irregularity of diet. The decoct. sarsæ was then given, with supertartrate of potash and tincture of squills. He was soon dismissed cured, having used the unguent. hyd. nitrat. occasionally, mixed with tar ointment.

Remarks. The utility of the decoct. sarsæ with the medicines above mentioned, in chronic diseases of the skin, was learnt from Professor Autenriette, of Tubingen. This remedy has been found useful by the authors, in prurigo senilis—a disease frequently accompanied by defective secretion of urine.

Case 2. *Porrigo.* J. Conolly, aged 40, had been several weeks in hospital for chronic rheumatism, when the scalp became affected with redness and soreness, succeeded by a pustular eruption exuding a copious purulent secretion which concreted into scales. The hair was shaved—the scalp poulticed and leeched several times, with marked benefit. The inflammation and eruption having abated, a saturnine lotion was applied, and ultimately an ointment composed of equal parts of the unguentum hyd. nitrat. and tar ointment. The cure was soon completed by this plan.

Remarks. The utility of leeching the scalp, in this recent case, was very evident—and the authors have derived much benefit from the same means, even in chronic cases.

Case 3. *Peculiar Swelling of the Hands.* This disease, very common in Ireland, was first described by Dr. Graves in the 4th volume

of the Dublin Hospital Reports. The following case is offered as an example, not only of the disease but of the best method of treatment. Catherine Smith, aged 15, became affected, four years ago, with swelling and redness of the right hand. It declined in a few weeks, and then regularly returned every month afterwards. Between the attacks, the hand still remained swollen, and pitted a little on pressure. Two years afterwards, the left hand presented the same phenomena. When received into hospital, both hands were much swollen, particularly the backs and fingers. The monthly exacerbations of the complaint still continue, the hands becoming very red at those times. Her eruption had come out about the wrists a few weeks previous to admission, and had dried into scabs. The general health was good, and the functions undisturbed. Leeches and poultices were twice repeated, and then cold lotions applied. After this she was bled from the arm, and had the sulphate of quinine internally. By these means she was cured.

Remarks. When tolerably recent, or when the swelling is not very great, this disease may be cured by a *perseverance* in the *antiphlogistic* plan during the exacerbations; and by the application of moderately light bandages, and the internal use of sulphate of quinine or arsenic, during the intervals.

Case 4. *Inveterate Psoriasis.* Eliza Congreve, aged 12 years, was admitted on the 25th October, universally affected with scaly disquamations of the cuticle, the skin being of a bright red colour beneath the scales, which were of a silvery appearance. The pulse was 100, and strong, with thirst. Two venesections were performed, and brisk purgatives were given, then the tepid bath. Under this treatment the patient improved considerably—the redness of the skin faded—the scales less numerous—the itching entirely gone. The perspiration of the skin was quite defective since the commencement of the complaint. The decoctum sarsæ cum supert. potassæ was given twice a day, and the tepid bath every night. Mercurial aperients were also given. It required a considerable perseverance in these means, aided by sulphur baths, and sulphur internally, together with alkalis, leechings, bleedings, and the ointment already described, before the patient was cured.

Remarks. This inveterate psoriasis yielded very satisfactorily to the remedies employed. "When cutaneous inflammation has been sufficently subdued, the internal use of sulphur often proves of great utility in altering the action of the skin." A slight increase of excitement sometimes follows its use; but this soon subsides, especially if the antiphlogistic measures have been carried to a proper extent previously.

Clinical Reports, &c. By Dr. Graves and Dr. Stokes, Dublin, 1827.

The physicians above-mentioned deserve great credit for the zeal and intelligence with which they have recorded their practice in the institution to which they belong. They form a striking contrast to the conduct of many of the drones who batten on the public in this country! If this last class escape our scrutiny, then there are no snakes in Virginia.

18. FEVER—GASTRO-ENTERITE.

[Bartholomew's.]

Instances like the following will tend to open the eyes of English practitioners to the state of the stomach and bowels in fever, and to the effects of repeated purgation in this disease. Our readers are aware how often we have endeavoured to draw their attention to this important subject. But the silly prejudices of JOHN BULL against any thing of French origin, have greatly contributed to the perpetuation of error.

Case. An Irishman had been attacked with fever, and treated in the Fever-Hospital, under Dr. Tweedie, who ultimately sent the patient into St. Bartholomew's Hospital, "from the supposition that syphilis had supervened; a bubo having manifested itself in the groin, and a putrid sort of ulcer being discovered on the penis." When admitted, the reporter remarked a wildness of expression and flushed state of the countenance, general tremor of the muscles, and mental imbecility, "sufficiently characteristic of the state and stage of existing fever." He had a dark brown tongue, somewhat moist, and a soft compressible pulse at 100 in the minute—depression of vital powers. In the groin was a large circular slough, emitting a putrid odour. A similar slough was seen on the dorsum of the penis. Mr. Lawrence, supposing that the patient was in the last stage of fever, merely exhibited a few grains of rhubarb, and ordered cold applications to the head, with poultices to the ulcers. Next day all the symptoms were worse, and he was leeched on the temples. Saline medicines with sulphate of magnesia—small quantities of wine and water. On the next day but one the patient died.

Dissection. The alimentary canal was laid entirely open, when it was discovered that the large intestines were in a state of extensive disease. "They were studded, more or less, nearly throughout their extent, with gangrenous ulcers, mostly of the size of an ordinary split pea." The peritoneal covering was sound, but the ulcerations had destroyed the mucous and muscular coats of the bowel. The bag of the cæcum presented one uninterrupted aspect of gangrenous ulceration; and, on sponging the parts, spots of mortification were seen, the intervening portions of mucous and muscular tunics being almost destroyed. The ascending colon was thickly studded with ulcerations, about three lines apart from each other. The transverse colon was also ulcerated, but the ulcers were thinly scattered. The descending colon and sigmoid flexures were nearly exempt. The other viscera of the abdomen and thorax were sound. The arachnoid was opake, and the pia mater partially infiltrated, and its vessels congested. The substance of the brain was firmer than usual; and rather more than the natural quantity of fluid was found in the ventricles.—*Lancet*, *No.* 203.

Remarks. Some degree of censure is conveyed by implication on the physician of the Fever Hospital, who sent this patient to Bartholomew's for the treatment of syphilis. Our knowledge of the talents

and sagacity of Dr. Tweedie would induce us to conclude that there was some error in the report. Even if syphilis had been unequivocal, the state of fever in which the patient was, when admitted into Bartholomew's, precluded all idea of the application of specific treatment to that part of the complaint. But the state of the intestines, as discovered on dissection, was precisely that condition which cuts off nine in ten of those who go through the fever and die afterwards, without apparently adequate cause. We have brought forward several instances of this kind, and shall not cease to urge the attention of our brethren to this important investigation.

19. PNEUMONIA MISTAKEN FOR HYDROTHORAX.

[Drs. Graves and Stokes—Meath Hospital.]

Case. Dec. 1826, Bridget Hare, aged 35 years, was admitted, having been ill ten days, during which she took purgatives. Three days prior to admission, she had intense stitches in her sides, which disappeared when admitted. She has now dropsical swellings of the lower extremities—livid lips—swollen face—suffused eyes. She speaks in a loud whisper—has convulsive movement of the muscles of the face—is costive—belly slightly swelled—short cough—no expectoration—hurried respiration. "*Crepitus over the whole of both lungs, particularly about the right mamma, where the respiratory murmur is nearly inaudible. Along with a crepitous, in the left lung, is an acute sonorous râle.*" Percussion elicits a dull sound every where, particularly in the inferior part of right lung. The heart's action is strong through the stethoscope, and heard over an extensive surface —pulse 112 and soft—skin dry and hot—tongue white and moist—no vomiting or tenderness of the abdomen. Bled to 25 ounces. After bleeding, the respiratory murmur became more evident in some places, and the crepitus more moist. Thirty-six leeches were applied to the side, and a blister to the sternum. Took a mixture containing full four grains of emetic tartar without vomiting. Two other venesections were employed, with additional blisters, and various other remedies; but the pulmonary affection had gained too much head, and she sunk on the 9th of December.

Dissection. Right lung universally adherent to the parietes—left apparently healthy—superior portion of right lung inflamed, nearly to hepatization. In this lung some tubercles were also found, and the lower portion was almost completely hepatized, with one spot in which grumous blood was diffused, forming what the French term "pulmonary apoplexy." The bronchial membrane was highly inflamed.

Remarks. "Here we see dropsical swellings arising in a person of 35 years of age and healthy habit, from cold. Although the acute nature of the disease and the well-marked pectoral distress should have directed the attention of the practitioner who attended her before her admission, *to the chest*, yet the treatment consisted merely in the exhi-

bition of purgatives. The pneumonia was here overlooked, and the disease considered to be hydrothorax—a frequent and dangerous error. This patient's life would probably have been saved by the early use of the lancet. When admitted, the *stethoscope* pointed out a pneumonia almost general."—*Clinical Reports, p.* 18, 21.

20. DISEASES OF THE BRAIN AND SPINAL MARROW.

[Meath Hospital.]

The following cases are from the clinical practice of Drs. Graves and Stokes.

Case 1. HEMIPLEGIA. John Toole, aged 55, was admitted in the latter end of July, with the following symptoms:—hot skin, strong pulse, flushed face, head-ache, delirium. For these symptoms venesection and purgation were directed. A few nights after his entrance into hospital, he suddenly fell down, (while getting out to the commode) and remained senseless for a short time. On recovering, he was found to be hemiplegiac on the left side, with his tongue drawn to the *paralytic* side. Rigid diet and antiphlogistics were employed for a fortnight, without benefit. Strychnine was then given for a considerable time, without much appearance of operation. Tartar emetic was applied along the spine—an issue was inserted in the loins. At length he was able to stand a little, but attempted to walk with extreme difficulty. Has lately taken full diet, with a pint of porter daily. He labours under frequent agitation of mind—generally bursting into tears when asked how he is; though he always reports himself better. The strychnine was again resorted to, but with little advantage. Discharged incurable.

Remarks. The authors suppose, with reason, that during the febrile excitement, an effusion of blood took place into the right hemisphere of the brain. But how do they account for the tongue being drawn to the paralyzed side? This is contrary to the usual phenomenon in such cases. It is highly probable that the brain is softening round the effused clot of blood, and that a fresh attack of apoplexy will take place, and terminate the patient's life.

Case 2. Catharine Mooney, aged seven years, was admitted on the 7th October, having laboured for six weeks previously under paralysis of both lower extremities, passing her fæces and urine involuntarily. The complaint was supposed to have been brought on by lying in a damp bed for some nights. *The knees are drawn up, and any attempt to extend the legs gives great pain.* When supported, she can move the lower extremities, but cannot bear the weight of the body on them. She took small quantities of oil of turpentine internally, and had the same applied to the spine, with blisters to different parts of the back. The strychnine was then

given twice a day, and pushed as far as was considered prudent, but without benefit. All other remedies also failed, and the poor girl was dismissed unrelieved.

Remarks. We doubt not there is organic affection of the spinal marrow or its coverings in this case. The contraction of the paralytic limbs, with pain on attempts to move them, is not a very uncommon phenomenon in some affections of the brain, especially softening of that organ.

Case 3. *Colica Pictonum.* Michael Smith, aged 22, a painter, experienced, about two years ago, an attack of colica pictonum, which lasted a fortnight. During the last year, has had several slight attacks. After an attack, four months ago, he began to experience a difficulty of extending the index finger of the right hand. This was succeeded by pains in the arms and hands, with numbness and loss of feeling, and power, first in the right hand, and afterward in the left. The weakness at length amounted to inability to elevate the arm. He had some pain in the knee, but no considerable loss of power. The muscles of the arms are flaccid, and the whole member appears much extenuated. The pulse is 90, and of good strength—no belly-ache—good appetite—no cough, palpitation, or head-ache. Splints were applied to the fore-arm—warm bath—strychnine. The power of the hands and arms soon increased, and he observed that he had some subsultus in the palms of his hands, his fingers, and his wrists, with sensation of increased warmth and tingling in his fingers. Soon after this he began to feel a tingling in the lower extremities, and the power of motion in the wrists and fore-arms increased. The quantity of strychnine was decreased. Slight head-ache and dimness of sight induced the physicians to omit the strychnine for a time, after which it was resumed, and again the twitchings recurred. Ultimately he was discharged with nearly entire recovery of power and flesh.

Remarks. The strychnine was persevered in for nearly three weeks. "It evidently produced some of the symptoms mentioned by Magendie, such as tingling, increased warmth, twitches, or subsultus, and shooting pains in the paralytic limbs." At first it seemed productive of benefit, but as this was not progressive in proportion to the quantity taken, the physicians desisted from its use. The application of splints, with blisters to the nape of the neck and spine, seemed very useful. "The difficulty of extending the index finger of the right hand, the numbness and pains which preceded the appearance of paralysis in the hands and arms, are worthy of notice. Similar phenomena are observed to precede paralysis depending on chronic affections of the brain and spinal marrow."—*Clinical Reports by Dr. Graves and Dr. Stokes.*

21. FRACTURE OF THE CRANIUM AND SPINE.

[St. George's Hospital.]

James Collins, æt. 32, a labourer, was precipitated from a height of 20 feet, with a heavy piece of iron, which fell across his back when he reached the ground. This was on the 4th July. On admission into the hospital, under Mr. Jeffreys, shortly afterwards, there was discovered compound fracture of the skull, on the right side, extending in a direction from the mastoid process to the sagittal suture. The bone was not at all shattered, and but slightly depressed. Besides this, the 8th or 9th dorsal vertebra was found to be broken, and the corresponding rib seemed to be fractured near its head. The parts below the fracture were paralyzed—he moaned incessantly, and seemed to suffer much from his back, but there were no symptoms of compression. *July 5th.* The penis is in a state of semi-priapism—pain on pressing the back—pupils sluggish—moans and talks incoherently—has had no motion—pulse 92, rather full. *Urine drawn off—V. S. ad* ℥xx—*haust. sennæ* 4*tis horis dum dejt. alvus. Enema vesp.* 6*th.* The blood drawn is not inflamed—has had several involuntary motions, and vomited, last evening, much undigested food and bile. He is not so stupid to-day—pulse 80, full and hard—tongue dry. Urine drawn off; it is of a dark colour and reddens litmus paper. *V. S. ad* ℥xvj—*h. sal. magn. sulph.* ℥ss. 6*tis horis.* In the evening he complained of pain in the sternum, and a fracture of the xiphoid cartilage was discovered. *Chest swathed with a flannel roller.* 7*th.* Rather easier to-day. 9*th.* Not so well to-day—the urine is ammoniacal for the first time—pain about the xiphoid cartilage—the respiration is, and has been all along, carried on chiefly by the diaphragm. *V. S. ad* ℥xij. 10*th.* Much the same—blood not inflamed. 11*th.* Hiccup in the night and this morning, occurring about every fifth inspiration—he lies in a stupid, half-insensible state, but when roused, answers questions, and continues to mutter and repeat the answer almost unconsciously, for some time. No motion or sensation below the fracture—stools loose—urine ammoniacal and bloody. 12*th.* He is evidently sinking—the hiccup is very distressing—he vomited much brown fluid in the night and this morning. Pulse 100, small and weak. 14*th.* Died this morning.

Dissection. The fracture of the skull was situated in the right parietal bone, about two inches in length, and stretching backwards and downwards towards its posterior inferior angle. It was not comminuted, and the depression no greater than a line or two. On raising the skull-cap, the inner table was found to be depressed, full a quarter of an inch or more, and to have penetrated the dura mater and cortical substance of the brain There was no extravasation of blood between the bone and dura mater, but there was some effused beneath that membrane, particularly on the opposite side of the head; no fracture, however, or counterfissure could be discovered on that side. Beneath the tentorium, and lying on the cerebellum, the quantity of extravasated blood was very considerable. No appearance of inflammation either of the brain or its membranes. On laying open

the spinal canal, there was seen some extravasation upon the sheath. The body of the 9th dorsal vertebra was broken obliquely across, and its transverse process fractured off. The part of the column above the fracture, with the upper portion of the fractured bone had rather fallen forwards, whilst the lower part of the column inclined backwards, the lower portion of the broken bone thus projecting into the canal, and forming with its jagged edge an angle, over which the spinal marrow was stretched. On making a section of the medulla, it was found to be, just at this point, of a reddish-brown colour, and soft bouille-like consistence, and on passing the finger over it, there was evidently some slight loss of substance. The 9th rib was broken at its spinal end. The abdomen and chest were but cursorily examined. Nothing particular could be observed about them.

Remarks. Such cases as this are not so interesting, practically speaking, as those which are more under the dominion of our art, and come home to us every day. At the same time they should not be passed over in silence, because, as far as we yet know, they are irremediable. The operation of trephining the spine would have been in this case, as we fear it would be in the great majority, worse than useless, for it was the body of the bone which was fractured. The patient died, apparently, more from the shock, than from the secondary consequences of the accident—irritation and inflammation. From the first, he never fairly rallied, but lay in a stupid dozing state, bearing a great analogy to that of concussion, save that here the concussion was not of the brain alone, but likewise of the spinal marrow and whole nervous system.

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22. HEPATIC TUMOURS.

[M. Luroth. Strasbourg Hospital.]

Case. Peter Vacher, a shoemaker, aged 52 years, entered the hospital on the 14th January, 1824, having, for six years previously, perceived a tumour in the epigastric region, which, however, gave him but little inconvenience till about six weeks before the above date, when the tumour became painful and tender, accompanied by head-ache and much perspiration about the head. When examined, a circumscribed tumour was felt in the epigastric region, its site and the jaundiced appearance of the countenance leaving no doubt that it was hepatic. Yet the digestive functions were performed tolerable well—there was appetite—the tongue and pulse were natural—the bowels rather torpid. The patient was troubled with eructations, sleeplessness, head-aches. Laxative lavements were prescribed, and ox's gall was given, with the view of proving a substitute for the natural bile. It may readily be supposed that this remedy was of little service. The pain increasing, leeches were applied, followed by poultices. These means procured temporary relief; but the disease made progress, and the patient was worn out by the 4th March—the 50th day of his sojourn in the hospital.

Dissection. Both lobes of the liver were considerably enlarged, the left adhering to the spleen, and both lobes adhering to various surrounding parts, especially to the adjacent intestines. The *right* lobe of the liver was still more enlarged than the *left*, and when cut into, disclosed a cavity containing nearly a pint of a yellowish glairy, but clear fluid, in which several pieces of skinny membranes floated, evidently the debris of hydatid cysts. The cavity itself was lined by a cyst consisting of a dense white shining membrane, intimately adhering to the surrounding structure of the liver. The cavity of this cyst was intersected by partitions of a membranous structure. Around the cyst, in the substance of the liver, was found purulent matter, and also a number of tubercles, some of them softened down, some of them in a state of crudity. There was no other disease in the body.—*Repertoire, No. 3, p. 53-4.*

While translating the above, an interesting case occurred in our own practice, of which the following is a brief outline. A gentleman of very social habits, but by no means intemperate, had complained for some years of occasional uneasiness in the epigastrium, with slight symptoms of dyspepsia. Only three months before his death he was in his usual state of health, and presided at a public dinner. He had, however, an eruption on his face, which he was anxious to have removed, and for that purpose, put himself under the care of Mr. Macilwain and Mr. Brookes, of Lambeth. Mr. M. put the patient on a reduced scale of diet, consisting of a considerable proportion of vegetables, and gave some mild alterative and aperient medicines. By these means the eruption entirely disappeared from the face; but now a new train of symptoms occurred. Some fulness appeared just under the ensiform cartilage, attended with pain, and dyspeptic phenomena. For these symptoms, leeches were applied, and the usual remedies prescribed. But the fulness quickly increased, and Dr. Cholmely's attendance was had, in addition to that of the two other medical gentlemen. The epigastric swelling, however, made rapid progress, and it was soon discovered that the edge of the liver could be clearly traced extending from one hypochondrium to the other, considerably below the margins of the ribs. The biliary secretion was now considerably deranged—the countenance was sometimes tinged yellow—a sickly sallowness took place—much gastric irritability prevailed—and emaciation advanced. On the 14th July, Dr. Johnson was called in, in addition, and this was about ten weeks from the first appearance of epigastric swelling. There was now a large prominent tumour in the epigastrium, and the liver could be felt as low as the umbilicus, extending from one side to the other, with hard rounded edges. It was conjectured now that there was some morbid growth, probably of an hydatid, tuberculated, or fungoid nature, independently of the general enlargement of the liver, which might account for the large rounded prominence in the centre. Nothing could, of course, be done, but lessen the gastric irritability by anodynes and effervescing medicines, while motions were procured by aperients. The prominent symptoms were now

paroxysms of severe pain along and under the edges of the enlarged liver, which pain was considered by the medical attendants as seated in the bowels, and not in the tumour itself. The unfortunate patient could only lie on his right side—he had constant fever—thickly coated tongue—thirst—loss of all appetite—very morbid secretions from the bowels—and loaded urine. His countenance was indicative of visceral disease. Sir Astley Cooper was now added, in consultation; but, alas! the disease was beyond the reach of art! The patient lingered till the 29th July, when he rather suddenly expired.

Dr. Johnson and Mr. Brookes examined the body at eight o'clock the same evening. There was some serous effusion in the abdomen, which was principally occupied by an immense liver, or rather tumour of precisely the appearance of brain. Not a particle of the original natural structure of the organ could be discovered. All was a homogeneous encephaloid mass, in which neither vessel nor duct could be traced by the naked eye. This enormous encephaloid growth (for it could hardly be called liver) had pushed up the diaphragm before it, and reached to the very summit of the thorax on the right side, descending below the umbilicus. Extensive adhesions had glued it to the stomach, transverse arch of the colon, and other contiguous parts. In a groove on its concave surface was found the gall-bladder, containing a thin dark-coloured fluid bearing little resemblance to bile. There was no other disease worth mentioning.

Remarks. We have said that the patient was not *intemperate*, in the common acceptation of the word; but he was a *bon vivant*, though he never carried the indulgences of the table to inebriety. We do not, indeed, believe that this disease was at all dependent on any dietetic irregularity. The rapidity of growth in this tumour, shewed a *malignancy* of character very different from common enlargements of the liver. We forgot to mention that, about twelve months before his death, he had been thrown out of a gig, and severely bruised; but, from this accident, he very soon recovered, and enjoyed his usual state of health till within three months of the termination of life. He was of a very philosophic turn of mind, and, a few days before his death, he left commands with his executor that his body should be examined, if his médical attendants expressed any wish to that effect.

Was the eruption on the face any index of the morbid growth going on in the liver? Had the disappearance of this eruption any connexion with the rapid developement of the hepatic disorganization which quickly ensued? These are questions which are easily asked, but not so easily answered.

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23. PROTRACTED LACTATION.

[Dr. Morton—Royal Metropolitan Infirmary.]

Dr. M. has come to certain conclusions on this subject, founded on cases which have presented themselves to him chiefly in public practice. The conclusions are these: 1mo. That, if children are suckled

for an undue length of time, *i. e.* beyond the period of nine or ten months, they will be liable, in consequence, to inflammation of the brain. This proposition is supported by seven cases of children affected with cephalitis, where the period of lactation had been considerably protracted.

2ndo. That the same effect will take place, where the milk is furnished beyond the above period to a child, although *that* child may not have been at the female's breast from the beginning. ***This is supported by only one case.***

3tio. That if the disease in question be not developed at once by the said protracted lactation, a predisposition to cephalic diseases will be established. ***Supported by eight examples.***

4to. That children too long suckled when taken ill with other diseases, are much more liable to suffer in the head than children reared in a different manner. ***Supported by six cases.***

Dr. M. professes his ignorance of the manner in which protracted lactation produces the complaint; but thinks it probable that the affection of the head is consequent upon derangement in the chylopoietic viscera. This may result from the poorness or other bad quality of the milk, by which it is unfitted for proper nutrition. Although the number of examples adduced by Dr. Morton is too inconsiderable to ground any fixed principle on at present; yet the subject will excite the attention of others, and multiplied observation may confirm or refute individual experience.

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24. INSIDIOUS ABDOMINAL INFLAMMATION.

[Drs. Graves and Stokes. Meath Hospital.]

Case. Mary M'Dermot, aged 18 years, was admitted on the 21st of November, labouring under the usual symptoms of the prevailing epidemic, but not at all severe, and only of a few days' duration. The next day she had some nausea, but no other symptom of abdominal affection. This was relieved by effervescing draughts. On the 23d she was much better, and took no medicine. She continued so till the 26th, when she complained of tenderness in the epigastrium, with nausea, and quick, but not hard pulse. This epigastric tenderness was so common in this fever, and so generally subsided after the crisis, that it excited little attention. Effervescing draughts were again given. 27th, There was great pain in the abdomen, ***without tenderness.*** Pulse quick, small, and easily compressible—bowels free. Twenty leeches to the abdomen, followed by a large poultice, and a grain of calomel and one of opium thrice a day. 28th, She was relieved by the bleeding, and the abdomen was free from tenderness on pressure. The nausea continues—bowels free. 29th, Had severe vomiting in the night in spite of effervescing draughts with tincture of opium. The belly is excessively tender on pressure—she is covered with cold sweats—pulse imperceptible—lies on one side, with the knees drawn up—constant vomiting. In the evening she expired.

Dissection. Peritoneum was universally inflamed—the omentum adhered to the intestines and presented black spots, which corresponded to small perforations in the lesser intestines—considerable quantity of purulent matter in the abdominal cavity—small intestines covered with a complete investment of coagulable lymph—towards the termination of the ileum there was a large perforation—peritoneum lining the abdominal muscles inflamed. The mucous membrane of the stomach and small intestines does not appear to have been carefully examined, which is very surprising; but we conclude that it must surely have been inflamed from what the authors say in their remarks.

Remarks. Our authors ask here, "was the disease peritonitis? certainly not." The peritonitis they maintain, only commenced after the escape of the intestinal contents into the cavity of the abdomen. This we believe was the case; for, on the 27th, although the patient complained of pain, yet there was no tenderness on pressure, which last did not come on till 24 hours before death, along with the other symptoms of intense peritonitis. "Previously to the occurrence of the perforations there was undoubtedly inflammation of the mucous membrane of the stomach and small intestines, as denoted by tenderness of the epigastrium, fever, vomiting, &c."

The following case bears on the same subject.

Case 2. Mary Philips, aged 25 years, was taken with the ordinary form of fever, in the latter part of November. In the beginning of December she was convalescent; but it was remarked that she gained neither appetite nor strength. She lay in bed without making any complaint but that of weakness, and without any remarkable symptom, except that of an occasional circumscribed flush on the cheek. She had some nausea, and her pulse continued quick and small. On the 9th December, the debility was increased. Some latent pneumonia was now discovered, and she died on the 13th of the same month.

Dissection. There was some inflammation in the lower part of the right lung. The mucous membrane of the stomach was soft, thickened, and presented some black spots towards the cardaic extremity, where it was easily torn. The first six inches of the duodenum were of a deep red colour; but the mucous membrane was firm, and presented a number of white external elevations. Although the red colour disappeared beyond this portion, the enlarged glands were still very evident. Their number decreased till the middle of the jejunum was gained, where they nearly disappeared. In the lower portion of ileum, the vascularity again appeared, together with a number of enlarged mucous glands. The vascularity increasing, they discovered, about nine inches above the caput coli, flat circular ulcerations, about the size of a sixpence, of a yellow colour, with raised and hardened edges. Just above the valve of the colon there were numerous smaller ulcerations, of an irregular form, many of which had perforated the mucous coat of the bowel. The large intestines were healthy—the mesenteric glands enlarged.

Remarks. Our authors consider the white spherical elevations as mucous follicles morbidly enlarged—and this enlargement, probably the effect of inflammation. These appearances would be familiar to the eye of the English pathologist, if the internal surface of the intestines was properly examined in *post mortem* investigations.

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25. EMPYEMA.*

[Mr. Johnson. Military Hospital.]

This case is calculated to excite some surprise. But we shall lay the particulars before our readers before we make any comments.

Case. A man, aged 26, was admitted into the Dublin Hospital, on the 29th March, 1826, with pneumonic symptoms, having been discharged ten days previously for a similar attack. He was bled ad deliquium. In the afternoon he was again largely bled—blisters were applied to the chest—and the antiphlogistic regimen enjoined. On the succeeding day he was bled for the third time, and the blood was highly inflamed all these times. On the 31st, or third day, there was a subsidence of the inflammatory symptoms, and digitalis was then administered. His cough continuing, and other symptoms indicative of phthisis, he was sent to his native place on the 8th of August. On the 5th October of the same year, we find the patient returned, and his general health apparently good. He was consequently sent to duty. This duty he continued to perform up to the 9th of April, 1827, when he was again admitted into the Regimental Hospital in London. He had now great oppression at the chest, with cough—shortness of breath—*quick undulating pulse*—white tongue—and "subject to pulmonic attacks." He was ordered to be bled largely. On the 11th a blister was applied to the chest. 26th, The breathing being again laborious, "bleeding became again indispensable." On the 14th May, he is stated to be anasarcous. The countenance became swollen and cachectic, and the neck, axilla, thorax, and lower extremities became infiltrated. "The stethoscope was applied several times to the chest, without any practical inference being drawn from these trials."

"He continued to sit up a few hours daily, until the last fortnight of his existence. Till then his state was comparatively easy, as long as he abstained from making any particular exertion: throughout his cough was not very urgent; expectoration not by any means profuse and considered only muco-purulent He invariably lay on the left side: he stated, that when in any other position his breathing became impeded. Towards the end he was particularly desirous of keeping his head low. I was called to visit him on the morning of the 28th of May, and found him in the last extremity, suffering greatly from impeded respiration, which was short and hurried; pulse hardly perceptible; mental faculties clear and coherent. It became necessary

* Med. Repository. August, 1827.

to lower his head, otherwise suffocation must have ensued: he expired two hours afterwards, at six o'clock in the morning." 106.

Mr. Johnson observes that he had omitted to mention that—"a few days before death a painful elevation of the integuments appeared under the left mamma, which, conveying a sense of fluctuation to the touch, a lancet was introduced, but no matter escaped."

Dissection. "The examination commenced from this point; and a cutting instrument having been passed into the former opening, a large gush of matter took place. As there could be no doubt of this opening communicating with the cavity of the thorax, it was closed, and the abdominal cavity was then examined. The liver was found occupying the middle region of the belly; its thin edge extending as low as the umbilicus. On the first superficial view, the impression was, that this viscus was preternaturally large: this, however, was not the case, as, on examination, it was found healthy in structure, with the exception of being paler than natural. On looking into the left hypochondrium, the appearance was in some degree accounted for,—as a large tumour presented, which had the effect of pushing the stomach down towards the umbilicus, and in its descent bringing (through the medium of its connexions) the liver and spleen with it.

"There was a good deal of serosity in the abdominal cavity. An opening was now made from the left hypochondrium, passing through the most prominent part of the tumour, dividing the diaphragm and pleura into the cavity of the chest: there was instantly a free escape of fetid matter, of the consistence of thin cream. From this opening, twenty-seven pints of fluid were taken, besides several pounds which escaped into the belly during the operation. The sternum was now raised, and the left division of the thorax freely washed out. The lung of that side was completely destroyed: there was merely a condensed substance at its root, where the branching-off of the pulmonary artery took place. The heart was completely pushed into the right cavity of the thorax; no part of it discernible to the left of the middle line of the sternum: it had lost all its obliquity of position, and gave an appearance of original transposition. In fact, its situation was perpendicular, and appeared *twisted* over, as the left auricle was the most anterior, or the first which presented. The pericardium was completely filled with water, and the heart of a pale colour. The right cavities of the heart were found empty; and beyond that, there was nothing unusual." 107.

Remarks. We cannot help noticing the observation which is made respecting the application of the stethoscope in the above case. Mr. Johnson only saw the patient the day he died, and therefore our remarks do not apply to him. But this we will say, that he who employed auscultation where 30 pints of matter were collected in the chest, *without being able to draw any practical inference*, might just as well have applied the butt end of the soldier's musket to the chest,

and looked through the touch-hole. He could have known nothing of the *use* of the stethoscope, and therefore should not have spoken of it in terms of *abuse*. The operation which was performed on the fluctuating elevation under the left mamma, in the living body, forms a curious contrast with that which was performed after death!

26. SCIRRHOUS PANCREAS—CATARACT.

[M. King. Hotel Dieu.]

Case. Nicholas Dantieu was received into the Hotel Dieu, of Paris, on the 15th December, 1825, being then in his 45th year. He was affected with cataract of both eyes, of some years standing, which rendered him nearly blind. His skin was tinged of a greenish yellow colour all over, as well as his eyes. This icterus came on, according to his account, four months previously, from grief at the loss of sight. M. Dupuytren considering the jandice as the effect of chagrin, and not the consequence of any internal disease, operated for the cataract of the right eye, by couching, and put the patient on low diet. The patient was partially restored to sight, and appeared to be going on pretty well; but about ten or twelve days after the operation he began to complain of great debility, tinnitus aurium, and tendency to syncope, when he attempted the perpendicular posture. By the 3d of January, 1826, these symptoms had considerably increased—he passed involuntary stools of black and bloody appearance, and next day he expired.

Dissection. The emaciation was moderate, the skin still of a greenish yellow colour—brain and membranes sound—stomach contracted and empty, with some very red spots on its mucous membrane. The duodenum was filled with reddish-coloured bilious matters, and its mucous membrane evidently inflamed. The internal surface of the small intestines was of a deep red colour, but the vessels were not injected—consequently the colour was considered as the effect of imbibition. The large intestines contained coagulated blood in a state of decomposition, and their mucous membrane was red as blood. The liver was large, and of a slate colour externally; but its interior texture was green. The gall-bladder, besides gas, contained some inodorous, tasteless, and colourless sero-mucous fluid, bearing no resemblance to bile. The cystic duct was free. The hepatic and choledoch canals were distended to the size of the ileum of an infant, and filled with gas. The mouth of the ductus communis was pervious; but the dilatation of these canals was evidently owing to the obstruction offered to the discharge of bile by the pancreas and other scirrhous glands. The pancreas was very large, and a portion of it scirrhous and amalgamated with a cluster of scirrhous glands situated between the pancreas and aorta, by which the biliary duct was compressed. The pancreatic duct was free. The heart was large and covered with fat. There was no other lesion of any consequence in the body. The fluid found in the gall-bladder was submitted to chemical analysis by M. Chevalier, but the results were not very satis-

factory. At all events, it had no resemblance in sensible properties or chemical composition to bile.—*Repertoire, No.* 3.

The author hazards some speculations on the probability that the cataracts were occasioned by the disorder of the digestive organs resulting from the obstruction offered to the bile in its passage into the intestines. These, of course, are merely hypothetical. The case, however, is interesting, as showing the dreadful effects of obstruction to the discharge of bile into the intestines. Not only was the secreting organ changed in structure from the retention of the bile; but the digestive apparatus and the whole system suffered from the want of the biliary fluid, so necessary to digestion.

27. PATHOLOGY OF FEVER.

[Dr. Hewett. St. George's Hospital.]

In the Medical and Physical Journal for August, Dr. Hewett has again presented the public with some interesting documents respecting the alterations of structure found as *consequences*—or, as some will say, as *causes* of fever. The report embraces a year at the hospital above mentioned, viz. from the 1st July, 1826, to the 1st July, 1827. In that time, 190 cases of idiopathic continued fever were admitted, of which number 26 died, and 165 were discharged cured. A large proportion of the *former* were admitted in those advanced stages, when irremediable organic disease had taken place. So much depends on the period of admission in fevers, that we have never attached much importance to those favourable or unfavourable *numerical* results, which some institutions present, as compared with others. We happen to know that some little management—we had almost said manœuvering is employed in some quarters, which not a little influences the *apparent* ratio of mortality. But of that, it is not our hint to speak at the present time.

In Dr. Hewett's report, a tabular view of the fatal cases is given, specifying the names of the patients, the duration of the fever, and the organs found affected on dissection. On examining these tables, one cannot help observing the predominance of diseased structure in the intestines, especially in the mucous membrane, as compared with lesions in the head and in the thorax. Still, the disproportion is not so great as to disturb the rational view which is now generally taken of fever in this country—namely, that the ravages of this disease are not confined to this or that organ, but fall, we might almost say, indiscriminately on one or other, according to circumstances, the exact nature of which we cannot always detect. Doubtless there are few individuals in whom all the great organs of the body are equally disposed or indisposed to disease. Hence, in fever, one organ is generally found to have borne a greater onus of disease than the others.

The most frequent species of lesion in the intestines (particularly the small intestines) was the follicular ulceration, described by Bre-

tonneau and other French writers, as well as by Dr. H. himself, on a former occasion.

"That these follicular ulcers of the small intestines (seen in the above report to have so often occurred,) arise spontaneously during the progress of idiopathic fever, has been already sufficiently proved, and, when once established, it will be readily admitted that, though originally the effect of fever, they must (at least during their active and irritable state) reciprocally exasperate the symptoms, and become a very effective cause of the prolongation of fever; but the doctrine that their existence, when they have lost their irritability, and assumed a tranquil condition, is not incompatible with the subsidence of the fever, and even with some semblance of convalescence, may not gain so ready a belief, and may possibly require some further proof than the mere assertion of the writer." 112.

Two or three cases are detailed by our very intelligent author, which leave no doubt that a considerable degree of convalescence may take place, when these intestinal ulcers have lost their irritability, and thus the patient and practitioner are thrown off their guard, till some error in diet or other circumstance renews the irritability of the ulcers, and kindles up a new fever more dangerous than, and probably very different in kind from, the original.

In St. George's Hospital, as in all other parts of the kingdom, a considerable number of intermittents were seen, and all these were cured. Several of the continued fevers also changed into the intermittent or remittent types—probably connected, in some cases, with the state of the intestinal ulcers.

In two or three cases the ulcers had perforated the coats of the intestines, and violent peritoneal inflammation was consequently superinduced by the escape of the contents of the bowels into the general cavity of the abdomen. These accidents are often accompanied by signs which sufficiently indicate their occurrence, and enable the practitioner to prognosticate the issue.

In a case in private practice, Dr. H. ascertained the time which elapsed between the complete perforation of the intestine and the death of the patient.

The gentleman was attacked with fever on the 15th March, 1827, and was seen by Dr. Hewett on the 21st. He did not then acknowledge any pain—his skin was dry and harsh, not very hot—pulse 104, and feeble—abdomen not the least tender, but it was large and hard —tongue pasty and brown. He had experienced several rigors since the commencement of the fever, which were generally followed by heat and some delirium at night. Two grains of calomel, with one of ipecacuan, and a quarter of a grain of opium were ordered every four hours. He continued much the same during the four following days, the medicines being continued. On the 27th the pill was ordered to be taken only once in six hours, and small doses of castor oil were directed when the bowels were torpid. On the 28th blisters were applied behind the ears, and cold lotions to the head.

On Dr. Hewett's visit, 30th March, the patient reported himself free from pain; but on pressing the abdomen, his countenance bespoke the utmost agony. The last motion voided was found to consist almost entirely of blood, which was never the case before. All hope of recovery had now vanished, and anodynes only were exhibited. He died on the following day.

Dissection. The vessels of the brain were rather loaded, and there was some serosity at the base of the skull. The mucous membrane of the lungs was sound. On opening the abdomen, the omentum was found feebly adhering to some of the convolutions of the intestines, at spots afterwards ascertained to be places where some of the follicular ulcerations had nearly perforated the peritoneum. In two or three places the perforation had been complete, and a quantity of liquid fæces was found in the cavity of the pelvis. The largest perforation was about four inches from the ileo-cæcal valve. There were numerous other ulcers, in various stages of their progress, extending throughout the whole line of the intestines. There were none in the cæcum or colon. These ulcers were not surrounded by any increased vascularity, and even the valvulæ conniventes, though in parts eroded by them, retained their natural hue. The mesenteric glands were enormously enlarged, some of them being an inch and a half in length. The liver and other abdominal viscera were healthy.

Dr. H. is far from wishing to attach any undue importance to these follicular ulcers, and is fully aware that they are the result of only one of the many disorganizing effects of fever. "But while the latter, from the alarming symptoms with which they are attended, immediately command the attention of the practitioner, the former often insidiously complete the work of destruction, without even exciting a suspicion of their existence."

Dr. Hewett is entitled to the thanks of his brethren, for drawing their attention to this interesting investigation.

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27. DIABETES MELLITUS.

[M. Luroth. Strasburg Hospital.]

Case. J. B. Canyon, a soldier, aged 40 years, entered the Hospital of the Faculty of Medicine, of Strasburg, on the 27th December, 1824, having been affected with diabetes for three years previously. The cause was unknown; but the progress of the disease was rapid, and the patient was reduced to a state of marasmus. He had no pains in the region of the kidneys, nor could any lesion be discoverd by external examination of the abdomen. The urine was copious and sweet—the appetite voracious—the thirst inextinguishable—tongue white and moist—pulse, temperature, and alvine excretions natural. The quantity of urine made each day amounted to upwards of 30 pints. Various remedies were used, without any impression being made on the complaint. The plan of Rollo was then tried. By the third day of this treatment, the quantity of urine was diminished to

eight pints per diem, and a most abundant perspiration daily covered the surface. The qualities of the urine became nearly natural. But now the appetite failed, vomitings took place, constipation became obstinate, the thirst was still intense, febrile phenomena were developed, debility rapidly increased, and dyspnœa, with cough, were added to the other symptoms. The patient lingered out till the 10th March, 1825, seventy-two days from his entrance into hospital, and then expired.

Dissection. There was nothing remarkable in the intestinal canal, except a few discoloured patches in the mucous membrane, which, in texture, was sound. There was also a very small ulceration of one of the mucous follicles in the lower portion of ileum, near the valve of the colon. No apparent change in the liver, spleen, pancreas, or kidneys. The vessels of these last were strongly injected. The ureters were dilated, and the urinary bladder was very capacious. Its coats were thickened, and their vessels and nerves strongly developed. In the chest, the morbid phenomena far exceeded the symptoms during life. There was hydrothorax in the left side—hepatization of the left lung, and, in its upper portion, a large cavernous excavation—universal adhesion of the right lung to the side, but its structure sound—hydro-pericardium—aneurismal dilatation of the pulmonary artery, two inches in diameter. There was no lesion in the brain or its membranes. The blood was every where fluid in the vessels, and mixed with air.—Repertoire, No. 3.

On several occasions, in this Journal, we have stated that, of many dissections which we have seen of diabetic patients, not one presented sound lungs. On examining the records of published cases, where dissection was practised, we could scarcely find a single instance where some disease of the lungs was not evident. These facts have long ago, led us to believe that diabetes was dependent on pulmonary disease, and, consequently, on some defect in the sanguifactive process. It may be said, indeed, that all these pulmonary diseases occur daily, without producing diabetes. This objection is more specious than solid. The same may be made to many other pathological conclusions. The same organic disease in the brain will, in one individual, produce epilepsy—in another, apoplexy—in a third, paralysis—in a fourth, insanity, and so on. We cannot account for the variety of effects resulting from the same cause; but if we invariably find disease in the lungs on the examination of diabetic bodies, we may reasonably conclude that such are not mere coincidences, but are to be viewed in the light of cause and effect.

29. CEPHALALGIA—AGUE—TUBERCLES.

[Bicêtre. M. Guerard.]

A young man, (aged 20 years) of feeble constitution, had become affected with tertian fever three months before the date of report, accompanied by cephalalgia frontalis and giddiness, coming on periodically, but by no means in accordance with the fever. He had been

bled and blistered before he entered the hospital, but without relief to the cephalalgia. This last, however, gave way to a seton in the nucha, and blisters to the temples. In the course of a fortnight after his entrance into the hospital, he began to evince signs of imbecility—general weakness—want of power in the lower extremities—involuntary discharge of urine. In two months more a diarrhœa came on, and proved very obstinate, although the other functions of the body appeared natural, and the appetite was craving. The emaciation advanced very rapidly—the intellectual faculties became almost annihilated, and he died about four months after he came into the hospital.

Dissection. In the cerebrum, there was nothing particular to be observed, except a very little more serum in the ventricles than usual. But on the upper surface, and on the median line of the cerebellum, was discovered a tumour, an inch and a half in diameter, of a yellowish-white colour, and very firm consistence—in fact, it was a veritable tubercle, surrounded by a softening of the cerebellum to some small distance. There was no other disease in the head. The lungs were found studded with tubercles, and the peritoneum, both lining the parietes of the abdomen, and where it is reflected over the viscera, presented innumerable tubercles, of all sizes, from one to sixteen lines in diameter. Several of the intestinal folds had contracted adhesions, and the whole mucous membrane of the small intestines was covered with ulcerations of various sizes, many of them penetrating to the peritoneal coat.

The lesion discovered after death in the brain, is certainly not in accordance with the ideas generally entertained, respecting the functions of particular parts of the sensorium.

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30. CLINICAL REPORT ON THE SEAT OF FEVER, BY M. BALLY.

[Cochin and La Pitié.]

The last quarter of 1826 furnishes the materials for this report, which is entirely dedicated to the paramount subject of investigation on the Continent—GASTRO-ENTERITIS. We too, deem it a subject of high interest; and are glad to see that it excites peculiar attention in this country, especially among hospital physicians.

It is, says our author, by connecting morbid phenomena with the local lesions on which they depend or are connected, that the moderns have arrived at exact knowledge of those grave and complex affections to which the ancients have applied the vague terms of putrid, malignant, nervous, and adynamic fevers, which are, in reality, veritable *gastro-enterites* degenerated, or as they are more properly and precisely termed by M. Bally, *ileo-diclidites*, signifying *inflammation of the ileum and upper surface of the valve of the colon*, the parts most commonly affected in fevers. M. Bally concludes, from a passage in Hippocrates, that the Father of Medicine was acquainted with this remarkable fact. He observes in the third book of his Epidemics, that, "among those individuals who perished, whether the disease

ran a quick or a protracted course, the greater number died of affections of the bowels." This affection, M. Bally thinks, could be nothing else than inflammation. In examining the cases of fever detailed by various authors, and by Pinel among the rest, he considers it impossible not to conclude that the majority laboured under that state of the intestinal canal so well described by Broussais and his disciples. Those who have taken the pains to open many bodies after death by fever, afford innumerable proofs of the phenomenon in question, though they looked upon the disease as a concomitant or consequence rather than a cause of fever. In short, says he, if we compare the descriptions of putrid and malignant fevers, as handed down to us, with those of the gastro-enterites of the present day, we cannot but be struck with the resemblance. All allow that inflammation of the mucous membranes is a very common *attendant* on fever—and for his own part, M. Bally believes it to be the disease itself—or, at least, the first and principal lesion in fever.

The fevers of the last quarter of 1826 have tended to confirm M. Bally in the truth of this doctrine; and what is more, they have enabled him to make some distinctions not hitherto much noticed, and to adopt an important and successful method of treatment.

Scarcely had intermittents begun to subside, when inflammations of the digestive tube became prevalent. Some of them were hæmorrhagic, and terminated fatally in a very prompt manner. The greater number, however, assumed a low or typhoid type. These forms were more dangerous in proportion as they succeeded early to the intermittent epidemic; and M. Bally conceived that there was an intimate connexion between the two epidemics, especially as the gastro-enterites frequently assumed a quotidian intermittent character. When this was the case, the antiphlogistic treatment did not succeed, and the sulphate of quinine was effectual. The state of adynamia, which often supervened in the course, or towards the close of the fever, did not appear to result from any primitive debility of the subject, or as consecutive of gastro-enteritis; but it seemed often to depend on the lesion of some other organ, over which the antiphlogistic treatment had not effectual control. The rigidity of the limbs, the tremors, the subsultus tendinum, the throwing back of the head, the delirium, the ramblings, the loquacity, the difficulty of expanding the chest—all these functional disorders, says our author, were far from constituting the debility. They showed themselves during the existence of the most acute irritation, and they subsided with it under a very active system of depletion. They must, therefore, have depended on disorder of some particular organ.

M. Fodera considers the superior portion of the spinal marrow as the principal seat of affections truly adynamic; and our author partakes of the same opinion. He thinks this is confirmed both by experiments and by pathological anatomy. The above portion of spinal marrow has been often found softened in the dead body by our author, M. Bally. Stoll, whose authority is good on all points of practical observation, long ago remarked that putrid fevers did not always infer

fevers of debility. He was somewhat astonished to find that bleeding and other evacuations cured the disease better than tonics. The oppression and the prostration of muscular power, although different in their nature, acknowledge the same cause. "The first results from congestion; the second, from inflammation of the spinal marrow." Bleeding, he observes, is more effectual in relieving the former than the latter condition of parts. "Thus, in the beginning of all adynamic fevers, the symptoms which constitute debility are owing to congestion or inflammation of the spinal marrow, either primitive or consecutive of gastro-enteritis." We agree with our author that great errors are daily committed by pathologists in considering that there can be no *disorder* in a part during life, if no trace of change of structure be discernible after death. The organization of the brain, nerves, and their investing membranes, is so very delicate, that disorder of function sufficient to destroy life every day occurs, without alteration of structure. Hence the necessity of taking into consideration the symptoms, as well as the *post mortem* investigations.

Numerous dissections, made with the greatest care, have convinced M. Bally that inflammation of the lower portion of the small intestine, and upper surface of the ileo-cæcal valve, constitutes the first period of what are termed putrid or typhous fevers. If this inflammation be checked by nature or art, the subsequent symptoms of debility or putrescency do not occur. If not, the disease proceeds to ulceration or destruction of the mucous membrane. It is very rare to find any alteration of structure in the duodenum, jejunum, or colon. The cæcum itself is seldom affected, although the upper surface of the valve is so generally implicated in the disease. What can be the cause of this locality of the disease in the part above-mentioned? M. Bally attributes it to the difference of acrimony in the contents of the small and of the large intestines. Nature, he says, is sometimes equal to the task of curing these ileo-cæcal inflammations—and, in one instance, this was effected by a profuse nasal hæmorrhage.

The division of the disease into two stages or periods, is not only philosophic, but of great importance in a therapeutic point of view. In the first period, or that of inflammation, the antiphlogistic treatment may arrest the progress of the disease, and prevent the degeneration of the fever into the putrid or ulcerative form. But this disease, though so formidable and fatal in its advanced stages, does yet commence in so insidious a manner, that the patient is not soon enough alarmed, and is seldom sent to an hospital till after the first or second week, when the local affection has made great head, and when the constitutional symptoms veil those of the primary topical affection. As soon as the symptoms indicate that the inflammation is passing into the state of ulceration, it is necessary to abandon the antiphlogistic treatment, as far as sanguineous depletion is concerned, and to have recourse to powerful counter-irritation, so as to attract to the surface that morbid excitement which is going on internally. M. Bally does not, however, employ blisters for the purpose of counter-irritation. He has not seen advantage arise from their

application in ileo-diclidites—but, on the contrary, disadvantage, from the property which the lytta has of causing irritation in the internal tissues. Mustard cataplasms have produced much better effects in the way of revulsion, when the brain or other organ was sympathetically affected. But he seems to place his principal dependence on a plentiful crop of pustules, brought out by tartar-emetic in the umbilical region. He has never seen any reason to conclude that the antimony is absorbed on these occasions—a position which we ourselves can substantiate by wide experience of this powerful counter irritant. M. Bally employs a tartar-emetic plaster rather than ointment, to the abdomen, and in this respect we also coincide with him. It is far less troublesome, and far more powerful than the unctuous frictions. He sometimes applies a dozen of leeches to the part, and as soon as these animals fall off, he places a Burgundy-pitch plaster, well powdered with tartrate of antimony, over the leech bites. In less than 48 or 64 hours a plentiful crop of pustules is elicited, each pustule surrounded by an areola of inflammation. If any species of counter-irritation can relieve the internal malady, this will do the business. In very grave cases, M. Bally employs an antimoniated drink for several days in succession, with the view of copiously evacuating the acrimonious contents of the small intestines, which prove a powerful source of internal irritation.

"Finally," says he, "when quotidian exacerbations, analagous to the periodical accessions of an intermittent fever, become associated with the ileo-cæcal affection, the sulphate of quinine is to be exhibited, notwithstanding the redness of the tongue, the abdominal pains, the diarrhœa, and the various other signs of inflammation of the mucous membrane of the intestines."

Such was the practice pursued by M. Bally, and, in general, it was productive of the best effects. We shall now give the particulars of a few cases in illustration.

Case 1. Peter Fontier, aged 23 years, had been exposed to wet and cold while in a state of perspiration. On the following day he experienced chills, fever, nausea, pains in the bowels, and diarrhœa. He entered the Hospital Cochin on the 2d of November, the 21st day of the complaint. The following were the prominent phenomena:—decubitus dorsalis, stupor, flushed face and injected conjunctivæ, tongue dry and red at the sides, epigastrium painful on the least pressure, much diarrhœa, subsultus tendinum. *Prescribed lemonade with gum arabic.* *22d day.* He had this day an abundant discharge of black bloood from his nose, amounting to 12 ounces. The head is now more free, the abdomen more supple and less painful, the pulse softer. *23d day.* Another epistaxis, though less abundant. The tongue is very red, the alvine evacuations copious, frequent cough, increase of subsultus tendinum. *24th and 25th days.* Nasal hæmorrhages each day, which do not appear to afford relief. The decubitus dorsalis is now complete, with occasional delirium. The lips and tongue are covered with black sordes—the abdomen is tense

and distended, and he has ten or twelve motions daily. *Sinapisms to the abdomen. 26th day.* Another nasal hæmorrhage, and the tongue is less red at the sides, the purging more moderate. *27th day.* Epistaxis moderate—great debility—coma. *Liniments of decoctum cinchonæ—sinapisms renewed. 28th day.* The epistaxis did not take place—abdomen not painful—tongue begins to clean. From this time, the disease decreased daily and convalescence gradually ensued, with ultimate recovery.

Case 2. Bougerie, aged 25 years, had experienced, for several days, a bloody diarrhœa, with colicky pains, tenesmus, and pains in his head. He was bled largely from the arm, and 14 leeches had been applied to the anus with evident relief. He entered La Pitie on the 18th October, the 8th day of his illness. He had then great prostration of strength, with disposition to delirium—flushed face—injected conjunctiva—dilated pupils—dry tongue, red at the sides—urgent thirst—abdomen supple, but swelled and painful on pressure—diarrhœa, with some blood in the stools—pulse hard and frequent. *Rice water with gum. 9th day.* Delirium—intense heat of skin. 30 *leeches to the anus. 10th day.* Slight epistaxis—dorsal supination—cheeks red—cephalalgia with delirium and subsultus tendinum—lips, teeth, and gums, fuliginous—tongue the same as before. Pressure on the umbilical region gave pain, as also in the right iliac region. The intestinal evacuations are suspended—dysury—pulse strong. *Sixty leeches to the abdomen, followed immediately by a large mustard cataplasm. 11th day.* The same prostration of strength; but the head is more free, the urine more copious, the tongue less red, and the abdomen less tender—pulse softer and slower. *12th and 13th days.* Considerable improvement—tongue yellow—several loose stools—skin natural. *14th day.* Several hours of tranquil sleep—some return of appetite. From this time the tongue began to clean, and convalescence was soon established.

Case 3. Julien, aged 24 years, entered the Hospital Cochin, on the 11th of December, the eighth day of his illness, which had commenced with chilliness and shiverings that lasted 48 hours, succeeded by cephalalgia, nausea, and bad taste in his mouth. *9th day.* The face is flushed—the conjunctivæ injected—cephalalgia—tongue swelled, red, and furred—thirst urgent—epigastrium painful on pressure—diarrhœa—breathing oppressed, pulse strong and full, skin hot. *Lemonade with gum—40 leeches to the anus—frictions. 10th day.* The tongue very red—abdominal pains acute—20 liquid evacuations from the bowels. *11th day.* Great agitation—patient complains much of his head—face flushed—delirium—lips and teeth fuliginous—sensibility of the abdomen exquisite—pulse very quick—some tremor of the upper extremities. Sixteen leeches to the umbilical region, followed by a tartar-emetic plaster over the bites. *13th day.* Same state of agitation—loquacity—dryness of the mouth—burning thirst—several liquid stools—swelling of the abdomen.

Emollient lavements. 14*th day.* Last night was more calm; but the tongue is still red, and the pulse quick and sharp, with heat and dryness of skin. 15*th day.* The patient is better, and asks for food. All the symptoms are ameliorated. The plaster is taken off, and there are numerous large pustules where the leech-bites had been. From this time, convalescence regularly advanced, and the patient entirely recovered.

We must pass over some interesting cases, where the event was equally fortunate through the same means, in order to give some particulars of a case that proved fatal, and where dissection took place.

Case 4. Etienne, aged 27 years, entered the Hospital Cochin on the 11th of October, stating that he had been ill a fortnight. He had passed the whole of a day in a damp cellar occupied in hard labour, and from this he dated his illness, which commenced with shiverings, cephalalgia, pains in his limbs, &c.—the shiverings coming on regularly in the evenings. He had taken plenty of hot wine and bouillon. 16*th day.* Face flushed—tongue coated in the middle, and red at the sides—thirst urgent—abdomen not tender—diarrhœa—pulse high, hard, and frequent—skin covered with perspiration. *Lemonade with gum*—15 *grains of sulphate of quinine in the* 24 *hours.* 17*th.* The same accession of symptoms in the evening—the same treatment. 18*th.* Delirium was added to the evening paroxysm, with watery diarrhœa. 18 grains of sulphate of quinine. 19*th.* The evening accession was only known by a strong excitement of fever, the skin being moist. The sulphate of quinine suspended. 20*th day.* Tongue very dry and red—much alteration for the worse—pulse strong and frequent. 21*st day.* Delirium—decubitus dorsalis—nausea—pulse 90. 22*nd day.* Not much delirium, but great prostration of strength—tongue and lips fuliginous—abdomen distended. 23*d day.* Somnolency—head drawn backwards—subsultus tendinum—involuntary defæcation. The patient lingered on till the 38*th day*, when he became affected with tetanic rigidity throughout the whole body, and, in a few days more he expired.

Dissection. The colon and the abdomen, in general, were distended with gas. The mesenteric glands were enlarged and inflamed—coats of the stomach red, but not softened—duodenum contained a yellowish matter—internal surface of the ileum covered with innumerable ulcerations, of various sizes, but increasing in number as the valve of the colon was approached. The mucous membrane in the interstices was much thickened. The liver and spleen were enlarged. There were various traces of inflammation and effusion in the brain and its ventricles, as well as in the spinal marrow. The latter was softened for the space of two inches opposite the sixth cervical vertebra, and also there was a softening abreast of the first vertebra (counting from below) extending down towards the 8th dorsal vertebra. There was no other lesion of any consequence in any part of the body.

From the foregoing and many other cases too numerous to introduce, M. Bally considers himself borne out in the doctrine which he maintains—namely, that the peculiar inflammation and ulceration seen in these fevers is not a common gastro-enteritis—the stomach being rarely affected; and that only secondarily—but an *ileo-diclidite*, or affection of the ileum and superior surface of the valve of the colon. M. Bally dwells on the importance of recognising this pathology of the disease, if it be correct, as it will tend to restrain the routine practitioner from throwing in stimulants and tonics at an early stage of the disease, from dread of debility; and induce him to use proper depletion and cooling aperients, in order to prevent the ulcerative stage that may otherwise ensue. We recommend these observations to the attentive consideration of our brethren, so that they may be brought to the test of experience. As we said in the beginning of this paper, there is great reason to believe that these inflammations and ulcerations of the mucous membrane of the intestines, are much more common than practitioners are inclined to acknowledge—probably from want of that minute attention to post mortem examinations so conspicuous on the Continent.—*Journal Gen. de Med.*

31. DR. LEE ON NUTRITION OF THE FŒTUS.

Some investigations made by the above-mentioned ingenious and talented young physician would lead us to think that the liver secretes a fluid during utero-gestation, which mainly serves the purpose of nutrition in the fœtus. He ascertained that the stomach of the fœtus, from three to nine months old, always contains a transparent mucous and acid fluid, but never the smallest admixture of albuminous or nutritious matter—while, on the other hand, the upper half of the small intestines always contains a yellowish pultaceous mass which, in appearance and chemical properties, exactly resembles the chyme of the adult—in a word, pure albumen. The lower half of the small intestines contains very little of this substance. The meconium is confined solely to the large intestines. But the most remarkable fact is, that a fluid resembling that in the duodenum, viz. pure albumen, is found in the hepatic duct of the fœtus—whence it may be fairly inferred that the liver secretes the nutriment of the fœtus, which is taken up from the small intestines. If these facts be corroborated by future investigators, and we venture to predict that they will, we shall have a satisfactory explanation of the large size of the liver in the fœtus, and of the important effects which the bile, in all ages of the individual, produces on the animal economy, and particularly on the growth and support of the body. Dr. Lee was assisted in his chemical investigations by that profound and accomplished chemist, Dr. Prout. Dr. Lee stands a fair chance of being handed down as a discoverer, even in this advanced æra of physiology.

Quarterly Periscope.

PART III.

ANALECTA.

THE ROYAL COLLEGE OF PHYSICIANS,

As it was, as it is, and as it ought to be.

1. CHARTER OF THE COLLEGE OF PHYSICIANS.

" Perituræ parcitæ Chartæ.—*Juvenal.*

THE following original and translation of this celebrated Charter (under the authority of which the College is now proceeding against a Graduate of Edinburgh—Dr. Harrison) will, we hope, be acceptable at the present moment.

CHARTER OF INCORPORATION.

ORIGINAL.	TRANSLATION.
" Henricus Dei Gratia Rex Angliæ & Franciæ & Dominus Hiberniæ, omnibus ad quos præsentes literæ pervenerint salutem. Cum regii officii nostri munus arbitremur ditionis nostræ hominum fælicitati omni ratione consulere; id autem vel imprimis fore, si improborum conatibus tempestive occuramus, apprime necessarium duximus improborum quoque hominum, qui medicinam magis avaritiæ suæ causa, quam ullius bonæ conscientiæ fiducia, profitebuntur, unde rudi & credulæ plebi plurima incommoda oriantur, audaciam compescere: Itaque partim bene institutarim civitatum in Italia, & aliis multis nationibus, exemplum imitati, partim gravium virorum doctorum Joannis Chambre, Thomæ Linacre, Ferdinandi de Victoria, Medicorum nostrorum, Nicholai Halsewel, Joannis Francisci & Rob Yaxley, medicorum, ac præcique reverendissmi in Christo patris, ac domini, dom Thomæ tituli Sanctæ Ceciliæ trans Tiberim sacro-	Henry by the grace of God, King of England and France and Lord of Ireland, to all to whom these presents shall come, Greeting.—Inasmuch as we consider it to be the duty of our kingly office to consult in every way the happiness of those who are subject to our sway, and as this object would be most effectually attained by *putting a seasonable check to the practices of the wicked, we have judged it particularly necessary to repress the audacity of bad men, who profess medicine more from avarice than from conscientious and laudable motives, whereby divers injuries are done to the ignorant and credulous people*—We, therefore, partly following the example of well-regulated cities in Italy and many other countries, and partly yielding to the entreaties of grave and learned men, to wit, John Chambre, Thomas Linacre, and Ferdinand de Victoria, our physicians, and of Nicholas Halsewell, John Francis, and Robert Yaxley physicians, but prin-

sanctæ Romanæ ecclesiæ presbyteri cardinalis, Eboracencis archiepiscopi & regni nostri Angliæ cancellarii clarissimi, precibus inclinati, collegium perpetuum doctorum & gravium virorum, qui medicinam in urbe nostra Londino & suburbis, intraque septem millia passuum ab ea urbe quaqua versus publice exerceant, institui volumus atque imperamus. Quibus tum sui honoris, tum publicæ utilitatis nomine, curæ (ut speramus) erit, malitiosorum quorum meminimus inscientiam temeritatemque, tam suo exemplo gravitateque, suis deterrere, quam per leges nostras nuper editas, ac per constitutiones per idem collegium condendas, punire. Quæ quo facilius rite peragi possint, memoratis doctoribus Joan Chambre, Thomæ Linacre, Ferdinando de Victoria, medicis nostris, Nicholao Halsewel, Joanni Francisco, et Rob Yaxley, medicis, concessimus, *quod ipsi, omnesque homines ejusdem facultatis de & in civitate prædicta, sint in re & nomine unum corpus et communitas perpetua sive collegium perpetuum; & quod eadam communitas sive collegium* singulis annis in perpetuum eligere possint & facere, de communitate illa aliquem providum virum, & in facultate medicinæ expertum, in præsidentum ejusdem collegii sive communitatis, ad supervidend' recognoscend' & gabernand' pro illo anno collegium sive communitatem præd' & omnes homines ejusdem facultatis & negotia eorundem. Et quod idem præsidens & collegium sive communitas habeant successionem perpetuam & commune sigillum negotiis dict' communitatis & præsidentis in perpetuum serviturum. Et quod ipsi & successores sui in perpetuum sint personæ habiles & capaces ad perquirendum & possidendum in feodo & perpetuitate terras & tenementa, reditus, & alias possessiones quascunque.

" Concessimus etiam eis & successoribus suis pro nobis & hæredibus nostris, quod ipsi et successores sui possint perquirere sibi & successoribus suis, tam in dicta urbe quam extra, terras et tenementa quæcunque annuum valorem duodecim librarum non excedent', Statuto de Alienatione ad manum mortuum non obstante. Et quod ipsi per nomina præsidentis & collegii seu communitatis facultatis medicinæ Lond' placitari & implaciteri possint coram quibuscunque

cipally of our most Rev. Father in Christ, Thomas, intituled the Lord Cardinal, presbyter of the holy Roman church of St. Cecilia beyond the Tiber, archbishop of York and most dearly beloved Chancellor of our kingdom of England, do will and ordain, that there shall be established a perpetual college of grave and learned men, who may publicly practise medicine in our city of London and its suburbs, and within seven miles of that city in every direction; and we trust that these, for their own credit, and for the public good, *will take care, as well by their own weight and example, to discountenance the ignorance and the rashness of the beforementioned evil-disposed persons, as to punish them by our laws lately promulgated, and by the regulations to be made by the same College;* and in order that this may the more easily be accomplished, we have granted to the aforesaid Doctors John Chambre, Thomas Linacre, Ferdinand de Victoria, our physicians, and Nicholas Halsewell, John Francis, and Robert Yaxley, Physicians, *that they and all men of the same faculty, of and in the aforesaid city, shall become in fact and in name one body, and perpetual commonalty or college, and that the same commonalty or college may every year, forever, elect and make out of that commonalty* some man prudent and skilful in the faculty of medicine, for president of the same college or commonalty, to superintend, take cognizance of, and govern for that year the aforesaid college or commonalty, and all men of the same faculty and their business; and that the same president and college or commonalty shall have perpetual succession, and a common seal to be used in the affairs of the said commonalty and president for ever; and they and their successors for ever be persons capable of purchasing and holding, in fee and perpetuity, lands and tenements, rents and other property whatsoever.

We have also granted to them and their successors, for ourselves and our heirs, that they and their successors, may purchase to them and their successors, as well within the aforesaid city as without, any lands and tenements whatever, not exceeding the annual value of *twelve pounds*, the statute of alienation in mortmain notwithstanding; also that they, by the names of the *President and College or Commonalty of the Faculty of Physic* in London, may sue or be sued,

judicibus in curiis et actionibus quibuscunque. Et quod præd' præsidens et collegium sive communitas, et eorum successores, congregationes licitas & honestas de seipsis, ac stat' & ordinationes pro salubri gubernatione, supervisu et correctione collegii seu communitatis præd' & omnium hominum eandem facultatem in dicta civitate, seu per septem milliaria in circuitu ejusdem civitatis exercend' secundum necessitatis exigentiam, quoties et quandà opus fuerit, facere valeant licitè et impune, sine impedimento nostri, hœredum, vel successorum nostrorum, justitiariorum, escaetorum, vicecomitum, & alior' balivor' vel ministror' nostror' hœred' vel successor' nostror' quorumcunque. Concessimus etiam eisdem præsidenti & collegio, seu communitati, et successoribus suis, quod nemo in dicta civitate aut per septem miliaria in circuitu ejusdem, exerceat dictam facultatem nisi ad hoc per dict' præsidentem & communitatem, seu successores eorum, qui pro tempore fuerint, *admissus* sit per ejusdem præsidentis & collegii literas sigillo suo communi sigillatas, sub pœna centum solidorum pro quolibet mense, quo non admissus eandem facultatem exercuit, dimidium inde nobis & hœred' nostris, & dimidium dicto præsidenti & coll applicandum.

before any judges, and in any courts or causes whatsoever; and that the said Pesident and College or Commonalty, and their successors, may hold lawful and honest meetings among themselves, and make rules and regulations for the wholesome government, superintendence and correction of the aforesaid College and Commonalty, and of all who exercise the same faculty of medicine in the said city, or within a circle of seven miles round the same, when, and as often as occasion shall require, lawfully, with impunity, and without hindrance from us, our heirs or successors, justices, escheaters, sheriffs, or other the bailiffs or servants whatsoever of us, our heirs, and successors. Also, we have granted to the same President, and college or Commonalty, and their successors, *that no one shall practise the said faculty within the said city, or within seven miles round the same, unless admitted by the said President and Commonalty, or their successors for the time being, by letters sealed with the common seal of the same President and College, under the penalty of one hundred shillings for every month in which he shall have practised the same faculty without such admission, one half thereof to be applied to the use of us and our heirs, and the other half to the use of the said President and College.*

" Præterea volumus & concedimus pro nobis et successoribus nostris (quantum in nobis est) quod per præsidentem & collegium præd' communitatis pro tempore existen' & eorum successores in perpetuum, quatuor singulis annis eligantur, qui habeant supervisum & scrutinium, correctionem & qubernat' omnium & singulor' dictæ civitatis medicorum utentium facultate medicinæ in eadem civitate, ac aliorum medicorum forinsecorum quorumcunque facultatem illam medicinæ aliquo modo frequentantium & utentium infra eandem civitatem & suburbia ejusdem, sive intra septem miliaria in circuitu ejurd' civitatis, ac punitionem eorund' pro deliotis suis in non bene exequendo faciendo, & utendo illa; nec non supervisum & scrutinium omnimodarum medicinarum & earum reception' per dictos medicos, seu aliquem eorum, hujusmodi ligeis nostris pro eorum infirmitatibus curandis & sanandis, dandis, imponendis, & utendis, quoties et quando opus fuerit pro commodo & utilitate eorundem ligeorum nostro-

Moreover, we will and grant, for ourselves and our successors (as far as in us lies) that there be elected every year, by the President and College of the aforesaid Commonalty for the time being, and their successors for ever, four persons, who shall have the superintendence and scrutiny, correction and government of all and singular the physicians practising the faculty of physic in the same city, and of other physicians whatsoever residing without the same, using or exercising the said faculty of medicine in any manner within the same city and the suburbs thereof, or within seven miles round the same, and also the punishment of them for their faults in the improper exercise and practice of the said faculty, and also the superintendence and examination of all sorts of medicines and the prescriptions of them by the aforesaid Doctors, or any of them, to be given, administered or applied to our liege subjects, for the healing and curing of their infirmities, when and as often as occasion shall require, for the advantage and use

rum; ita quod punitio hujusmodi medicorum utentium dicta facultate medicinæ, sic in præmissis delinquent' per fines, amerciamenta, & imprisonamenta corpor' suor' & per alias vias rationab' & congruas exequatur.

of the said lieges, so that the punishment to be inflicted on any of the said practitioners in medicine, offending in the premises, shall be by fine, imprisonment of their bodies, and other reasonable and proper means.

"Volumus etiam & concedemus pro nobis, hæredibus et successoribus nostris (quantum in nobis est,) quod nec præsidens, nec aliquis de collegio præd' medicorum, nec successores sui, nec eorum aliquis exercens facultatem illam; quoquo modo in futur' infra civitatem nostram præd' et suburbia ejusdem, seu alibi, summoneantur aut ponantur neque eorum aliquis summoneatur, aut ponatur in aliquibus assisis, juratis, inquestis, inquisitionibus, attinctis, & aliis recognitionibus infra dictam civitatem & suburbia ejusdem, imposterum coram majore ac vicecom' seu coronatoribus dictæ civitatis nostræ pro tempore existend' capiendis aut per aliquem officiarium seu ministrum suum, vel officiarios sive ministros suos summoned', licet eædem juratæ, inquisitiones, seu recognitiones summon' fuerint super brevi vel brevibus nostris, vel hæredum nostrorum, de recto; sed quod dicta magistrati, sive qubernatores, ac communitas facultatis antidictæ & successores sui, & eorum quilibet dictam facultatem exercentes versus nos, hæredes, et successores nostros, ac versus majorem et vicecomites civitatis nostræ præd' protempore existen' & quoscunque officiarios et ministros suos sint inde quieti, & penitus exonerati in perpetuum per præsentes.

We also will and grant, for ourselves, our heirs and successors (as far as in us lies) that neither the President, nor any of the aforesaid College of Physicians, nor their successors, nor any of them, exercising the said faculty within our said city and the suburbs thereof, or elsewhere, shall be summoned, or put upon any assize, jury, inquest, inquisition, attaint or other cognizance hereafter to be taken within the said city and its suburbs before the mayor and sheriffs or coroners of our said city for the time being, or to be summoned by any officer or servant, officers or servants, although the same juries, inquisitions or cognizances may have been lawfully summoned by the writ or writs of us or our heirs, but that the aforesaid master or governors and commonalty of the said faculty, and their successors, and each of them exercising the same faculty, be as against us, our heirs and successors, and against the mayor and sheriffs of our said city for the time being and all their officers and servants thereof wholly acquitted and discharged for ever by these presents.

"Proviso quod literæ nostræ, seu aliquid in eis content' non cedent in præjudicium civitatis nostræ Lond' seu libert' ejusd' & hoc absque fine seu feodo pro præmissis, seu sigillat' præsentium nobis facienda, solvenda, vel aliqualiter reddenda, aliquo statuto, ordinatione, vel actu in contrarium ante hoc tempora facto, edito, ordinato, seu proviso in aliquo non obstante. In cujus rei testimonium has literas nostras fieri fecimus patentes. Teste meipso apud Westmonasterium xxiij. die Sept' an' reg' nostri x.

"Per ipsum Regem
"Et de data præd' authoritate Parl.
TUNSTALL."

Provided always, that these our letters, or any thing in them contained, shall not operate to the prejudice of our said city of London, or the liberties thereof. And this is to be without fine or fee to be made, paid or anywise rendered to us for the premises or the sealing of these presents, any statute or ordinance or act at any time heretofore made, published, ordained or provided to the contrary thereof in anywise notwithstanding. In witness whereof we have caused these our letters to be made patent. Witness myself at Westminster, the twenty-third day of September, in the tenth year of our reign.

BY THE KING HIMSELF,
And by the authority of Parliament above given.
TUNSTALL.

Not being versed in law matters, we shall abstain from much remark on the legality or illegality of the power exercised by the College over those who practise physic in London and vicinity—leaving that to be decided by the proper tribunal in the approaching trial.

We think it will not be denied by any party, that a charter, a statute, or a by-law, which is to operate on the science of medicine, and, consequently, to influence the fate of the people, as far as their health and lives are concerned, should have some foundation in civil rights—some colouring of natural justice—some support from common sense. It is by these principles alone that we shall presume to examine the policy, the spirit, and the operation of the above instrument, and the by-laws growing out of it.

1mo. The charter was granted *ostensibly*, and, we hope, *bona fide*, for the very laudable purpose of "putting a check to the practices of the wicked," and "to repress the audacity of bad men, who profess medicine more from avarice than from conscientious motives, &c." For this purpose, six eminent physicians were ordered to enrol themselves, "*and all men of the same faculty*" in and about London, so as to constitute "a perpetual College of grave and learned men," for the guidance and regulation of themselves and all others practising within the said circle.* At the time this Charter was granted, we do not see how the above desirable objects could be better attained than by the very step that was taken. Nay, were the Charter now to start into existence for the first time, we defy human ingenuity to point out a better plan than that which Henry the Eighth, or rather his "dearly beloved Chancellor," devised for the regulation of the profession of physic —with this important exception, however, that the said Charter violated all the three principles of equal rights, natural justice, and common sense, by limiting the salutary operations of the College to London and seven miles around. Can any thing be more absurd, more unjust, more contrary to plain common sense, than that a law should protect the inhabitants of Putney or Barnes' Common from all ignorant pretenders and quacks, while the lives and health of the inhabitants of Richmond should be left a prey to "the audacity of bad men," and the delusive promises of unprincipled Charlatans?

To our understandings, nothing can be more clear than that the spirit and intention of the original Charter contemplated—nay, enjoined the general association of *all* regularly and properly qualified physicians, to become, "in fact and in name, one body and perpetual commonality," by which association "ignorance was to be discountenanced," "evil-disposed persons to be punished," and laws and regulations made for the respectability of the profession and the good of society at large.

2ndo. We believe it is an undisputed principle, that all regulations made subsequently to those of the Charter itself—namely, the by-laws, should be in accordance with the spirit and intentions of the original Charter. This being granted, how are we to view the present law which limits the fellowship to physicians educated at Oxford and Cambridge—and excludes from all *commonalty* and participation in the affairs of the College, those "grave and learned men" who may have carefully studied, and regularly graduated in the first universities for medical education which the United Kingdom or Europe itself can produce? The three principles by which we are governed

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* "Quod ipsi, *omnesque homines ejusdem Facultatis* de et in civitate prædicta, sint in re et nomine *unum corpus et communitas perpetua, sive collegium, &c.*"—*See Charter.*

in our remarks—equal rights, natural justice, and common sense, give it decidedly against this exclusion;—the legality or illegality of the measure must be decided elsewhere. That a small association of men educated at two universities where no medical instruction is even professed to be given, and who may become fellows of the College without showing a single document to prove that they ever attended a medical lecture beyond the walls of their *alma mater*, should thus be placed as masters over those who have gone through all the discipline of the Continental or the Edinburgh Universities, is a thing most incongruous to common sense and natural justice.

3tio. That the exclusive privileges, honours, powers, or whatever the advantages may be of the Fellows of the College, must always tend to unite them closely into one body, and render them anxious to enhance the dignity, the reputation, and the interests of that body, is a principle of human nature which has universally operated from the beginning of time—and which is by no means dishonourable to human nature. But what must be the effect of this operative principle on the class of Licentiates, who are thus excluded from all participation in the honours or offices of the College, whether the exclusion be contrary to, or accordant with, the spirit and letter of the original Charter? Let common sense, a knowledge of mankind, and the history of the past be asked. These will tell us that the same principle which stimulates the Fellows, as a body, to promote their own reputation and respectability, must inevitably render them careless about the reputation and respectability of the Licentiates. Nay, looking at human nature as it is, rather than as it ought to be, we cannot but come to the conclusion that, however the Fellows of the College may, *individually*, wish well to the Licentiates, they must, as a corporate body, wish and strive to exhibit that corporate body to the public at the expense of the extra-social class. Is this conclusion supported by historical facts? Undoubtedly it is. The College have admitted and *permitted* Licentiates, whom they would no more admit or *permit* as Fellows, than they would put their right hands into the fire. The College will not press us for proofs of this assertion. They are as *recent* as they are *notorious*. The division of physicians into two classes, then, must unavoidably be productive of degradation to one of them, independently of the constant jealousy and ill-will, however concealed, which must operate on a class of men, equal in all other respects, but *degraded* (the word is strictly applicable) in the profession which they have exercised by the invidious distinction which is made between Fellows and Licentiates.

If it be said that the Charter has empowered the College to make such by-laws as may be deemed promotive of the interests and respectability of medicine, and the good of society at large; and consequently that it was authorized to make a distinction between Fellows and Licentiates; we say that the said distinction is contrary to the spirit, if not the letter of the Charter—and what is more, that it is contrary to the three principles by which we hold ourselves to be governed in this commentary—civil rights, natural justice, common sense.

It certainly does appear to us to be contrary to the spirit and letter of the Charter—for surely the threat and penalty denounced against those illegal practitioners who acted in defiance of the College, can never be fairly construed as authorizing two classes of physicians in a College which is distinctly stated to be "*in fact, and in name, one body.*" It is difficult to say exactly what was the character of those against whom the penalty was denounced unless they obtained a permit from the College. Either they were, or they were *not* properly qualified physicians. If they were properly qualified, why *force* them to become members of the said College? Or, was it likely indeed that they would require any force? If, on the other hand, they were *not* properly qualified, would the payment of a sum

to the College, and the grant of a license render them proper physicians to be let loose on society? But be the import of the passage what it might, it is high time that the process of *licensing* physicians to practise, where they are ineligible to become Fellows of the College or commonalty of physic, should be abolished. The act of taking or giving a *license*, where the physician is regularly educated, (and it ought not to be given under any other circumstance,) is an act of self-abasement on the part of the *Licentiates*, and an exercise of power which is any thing but magnanimous on the part of the body which imposes the degrading title on a fellow-labourer in the work of humanity, and the field of science! Raise the tests and proofs of classical erudition and professional acquirements to the highest pitch which human talents can attain, if you please; but, these tests and proofs obtained, leave men *equal* and *free*, to rise or fall on the scale of eminence, by their future exertions, and the force of their abilities.

But it will be urged that a superior general education is secured to the physician by a residence at Oxford or Cambridge. Although this is by no means certain, yet, granting it to be the case, on what principle of justice to the public, or of common sense, does the College prescribe this superior education for the *minor* portion of physicians in London, and allow the *major* part to get their education where they please? If the College insisted on this preliminary education for *all physicians* within their jurisdiction, there would be some consistency in the measure; but when they limit this superior education to the Fellows of the College, it can only be to distinguish these from the Licentiates—in short, it can only tend to the aggrandisement of their own body, (a very small part of the profession,) and not contribute to the public good, or general respectability of physicians at large.

We should suppose that it is the actual possession of knowledge, or rather of learning, which constitutes the advantage of this superior education;—or is there any occult moral virtue in the air of Oxford or Cambridge, which renders the Greek, Latin, and mathematics of those places more conducive to the future acquisition and practice of the medical sciences?

The College will admit that the *medical* part of a physician's education is of at least as much importance as the *classical*. Yet the College does not prescribe any particular climate or latitude where *medicine* is to be studied. The candidate for collegiate honours may draw *medical* lore from London, Paris, Edinburgh, or any spot on the face of the globe, or he may take it all from books—but Greek, Latin, and the auxiliary sciences, must be acquired in two particular counties of England, or else they are of no use to the owner! The latitude which is thus given for the acquisition of the more important portion of a physician's education, clearly shows that the restriction imposed on the less important portion, is a mere instrument for limiting the number and raising the character of a small proportion of physicians in London and its vicinity, without any view to the general advantage of physicians or the public. That a good preliminary education is of the greatest importance to *all* physicians, we readily grant; but that the acquisition of this part of a physician's education should be more localised than his medical education, cannot be maintained on any principle of natural justice or common sense. That classical learning is confined to Oxford or Cambridge, is too absurd a proposition to be even broached. Can the College turn out a more *erudite* physician than Dr. Cooke, who never breathed the air of those ancient seats of learning? In fine, if the College consider a good classical education essential to the physician, they do all in their power to degrade the character of the Licentiate, by admitting him *without that qualification*—and if he possess it, no matter where obtained, they do him an injustice, not fairly sanctioned by their Charter, in shutting against him the door of the Fellowship. We defy the most subtle casuist to controvert these positions on any of the principles by which we argue—equity, justice, common

sense. He can only shelter himself behind the shield of the *law*—if that really affords a shield on this point.

But if the spirit and original boundary of the Charter have been overstepped (and we believe they have) by the creation of this invidious distinction between the Fellows and Licentiates of a college or commonalty; let us inquire whether or not the spirit of this Charter has been maintained, and its injunctions complied with, on other points. The preamble states, that it is the duty of the kingly office "to consult in every way the happiness" of those who are subject to the mild sway of the Eighth Henry; and then avers that "this object would be most effectually attained by putting a seasonable check to the practices of the wicked"—and by repressing "the audacity of bad men, *who profess medicine more from avarice than from conscientious and laudable motives.*" Unless language was given to man in order that he might conceal his thoughts, it is as clear as the sun at noon day, that the foregoing preamble *describes* and points out for collegiate chastisement, the Charlatans of the present hour. Has the college directed its powers against, and levied its penalties on, this wide-spread class of evil doers? No! Against whom then are these powers of the Charter pointed? Against the well educated and regularly graduated physician, on whose moral character, or professional qualification, no stain is even insinuated! How applicable is the celebrated satire of Juvenal on this occasion!

"Dat veniam Corvis, vexat censura Columbas."

The statutes of the College, in fact, are made instruments to —

"Clip the dove's wings, and speed the vulture's course."

Or is it possible that in all these chartered aspirations for the happiness of the subject—for the repression of audacity, avarice, and ignorance in unprincipled quacks, EGO et REX MEUS have "paltered with us in a double sense," and that the meaning of all this philanthropic effusion is simply this;—"On every regularly educated physician in London and its vicinity, you shall levy a tax of fifty-seven pounds, for his licence—and if he refuse to pay, you shall prosecute him. *After* he has paid for his licence, he may do any thing he pleases to degrade the character of his *Fellow-licentiates*; for in the support of that you can have little concern." We believe that no such double meaning was concealed in the preamble of the Charter; but that the penalties were really designed for those characters pointed out. Yet the lapse of time has certainly brought these penalties and prosecutions into operation against those whose characters are free from blemish, and whose medical qualifications are unquestioned; while the unprincipled Charlatan is permitted freely to assume the title of DOCTOR and practise on the lives and purses of His Majesty's subjects.

We think there will hardly be a difference of opinion, among all unprejudiced persons, respecting the existence of the evils which we have been endeavouring to point out; but there will be many opinions as to the remedies which ought to be applied for the cure. Our own opinions on this subject will probably carry little weight with either party; but nevertheless we are entitled to an opinion, and we will give it.

So far from wishing to see the Charter of the College abrogated, and its powers annihilated; we wish the *former* to be restored to its pristine simplicity and spirit—and the *latter* (the powers of the College) rendered completely operative. Surely the President and Fellows of the present day can run no risk in approximating the constitution of the College as closely as

possible to the original Charter. Can they not safely, as did Linacre and the other physicians above-mentioned, call together all regularly educated and properly qualified physicians, so as to form a College or Commonalty that might have superintendance over all physicians in the United Kingdom? Can there be a doubt that, if they thus acted, the legislature would furnish them with ample powers for the suppression of quackery and the protection of learning and talent? As we said before, let the *minimum* of scholastic education and professional attainments be fixed at the very highest point the College may think fit—but the proofs produced, and the personal examinations gone through, let the candidate be *admitted*, bona fide, into the College, and not *merely permitted* to have his name enrolled on a list which degrades him in rank, and precludes him from any voice in the Commonalty to which he is said to be *admitted*.* This procedure would, at once, give prodigious strength and moral influence to the College, while it squared precisely with the spirit and even the letter of the original Charter. Let the vile *licensing* system be for ever abolished. Every physician in the United Kingdom would eagerly press for admission into a College where the only criterion—the only essential requisite, was high endowment, classical, philosophical, and medical. Whereas, in the present state of the case, nothing but dire necessity can possibly induce any man to place his neck beneath the yoke—or suffer himself to be branded with the word *license*, as if his very existence was *illicit* till he had bought his *permit* from a College that turns him out of doors the moment he has paid his money!

But as it is the nature of all corporate bodies to adhere tenaciously to what appears to be their own peculiar advantages, till forced into accordance with the wants and wishes of society at large, so we do not expect that the College will pay any attention to the exposition which we have made of the existing defects. Nevertheless, the sun will not more certainly rise in the East, than will the time come, and that very soon, when the change which we have contemplated must take place. The present President and many of the fellows are, we have reason to think, well disposed to do every thing that is liberal; and happy will it be for the College, if the liberal party are not outvoted and thwarted on this important occasion. In that case, there is but one constitutional measure to pursue; the whole of the Physicians of Great Britain, Licentiates and all, should lay a full, fair, and energetic representation of the case before the legislature—praying, not for an abolition of the College Charter, but for a restitution of it to its original spirit and simplicity, together with an extension of its powers to the whole kingdom. It would be difficult to conceive on what grounds the College itself could object to this investigation of its present laws, as compared with the spirit of its original constitution—especially when the professed and the real object of the petitioner's prayer, was an extension of the Collegiate powers beyond their present circumscribed boundary:—and

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* The proofs of medical acquirements should not be trusted solely to an examination, *viva voce*. There should be a double check, the production of authentic documents as to the place of study, and the time spent in medical discipline. Yet the proof of medical acquirements in the FELLOW of the College is limited entirely to the examination, for the production of the Oxford or Cambridge degree is not even pretended to afford any proof of medical knowledge. If then the College trust to an examination, and to an *examination alone*, for proof of competent *professional* knowledge in the FELLOW, why should it not trust to an examination as to scholastic learning in graduates of other universities? This is a most important point to be urged against the present system—and we believe it has never been urged before.

we venture to predict that, whenever this representation is made, and the matter properly scrutinized, the conclusions of the investigators will not be materially different from those which we have ventured to draw in the present paper, under the guidance of civil rights, natural justice, and common sense.

As the approaching trial between the College and Dr. Harrison, involves questions of the highest importance to the profession and to society at large —and as the issue of the contest is calculated to excite a more intense degree of interest throughout the profession than any thing which has occurred for many years past, we shall lay before our readers some extracts and documents which may enable them to meditate with more advantage on the judicial struggle which is about to take place between obsolete statutes and natural justice.

It appears by 14 and 15 of Henry VIII. c. v, that the Charter of incorporation, (of which we have given the original and a translation,) was confirmed by Parliament. The six physicians already alluded to, and "*all* other men of the *same faculty* within the City of London, &c" were incorporated "in *one body* and perpetual *commonalty* or *fellowship* of the faculty of physic." But in addition to this, the following clause was appended to the Act.

"And where that in Dioceses in *England*, out of *London*, it is not light to find alway Men able sufficiently to examine (after the Statute) such as shall be admitted to exercise Physick in them, that it may be enacted in this present Parliament, That no Person from henceforth be suffered to exercise or practice in Physick through *England*, until such time as he be examined at *London* by the said President, and three of the said Elects; and to have from the said President or Elects, Letters Testimonial of their approving and Examination, except he be a graduate of *Oxford* or *Cambridge*, which hath accomplished all things for his Form, without any Grace." 13.

We think that all impartial men will construe this statute as follows:— To become one of the Commonalty, or College, so often mentioned, it is necessary for the Graduates of other Universities than those of Oxford or Cambridge, practising as physicians in the country, to appear before and be examined by the president and three of the elects—otherwise his practice is illegal. But the Graduates of Oxford and Cambridge may practise *in the country*, without any such examination. The advantage accorded to the Oxford and Cambridge University by this statute, is merely the exemption from examination for country practice. There is nothing in the Statute which can at all authorise the present distinction between Fellow and Licentiate—we mean the non-elegibility of regular Graduates of other Universities to become Fellows of the Commonalty or College of London.

After this we hear nothing more of any consequence till the reign of King James, when a series of College questions were resolved by the then Lord Chancellor and Judges. We shall extract a portion of these questions with the answers appended to them.

Quest. 1. Whether Graduates of Oxford and Cambridge may practise in in *London* or seven miles compass of the same without license under the said College Seal, by virtue of the clause in the end of the Statute of 14 H. 8. and whether that clause hath not relation to the Statute of 3. H. 8. only, or how far it doth extend?

"Resp. All resolved, that no Graduate that is not admitted and licensed by the President and College of Physicians under their Common Seal, could practise in London or within 7 miles compass of the same.

"Quest. 2. Whether, by Graduates, Graduates in Physick only are to be understood?——

"Resp. They resolved, That the exception in the Statute of 14 H. 8. cap. 5. of Graduates in the two Universities, is to be considered onely of Graduates of Physick and of no others. And all resolved, That by that exception those Graduates may practise in all other places of *England* out of *London* and 7 miles of the same without examination; But not in *London* nor within the said circuit of 7 miles.

"Quest. 3. If Graduates not admitted to practise in *London* practise there, whether for evil practice or misdemeanor therein, they be not subject to the Corporation and Government of the College?

"Resp. They all agreed, That they are subject to the Government and correction of the College by an express Clause of the said Charter enacted which giveth to the President and College *Supervisionem Scrutinium, Correctionem & Gubernationem* as well of all persons using the practice of Medicine within the City, &c.

"Quest. 4. If they may not practise without admission of the College (as their Letters Patent plainly import) Then whether such Graduates are not subject to the examination, without which there were never any admitted; and without which the admission cannot be approved; because every Graduate is not absolutely good *ipso facto?*

"Resp. It was resolved by all That all that practised or should practise Physick either in *London* or within the compass of seven miles of the same, must submit themselves to the examination of the President and College if they be required thereunto by their authority notwithstanding any license, allowance or privilege given them in *Oxford* or *Cambridge* either by their degree or otherwise."* 95.

It is not till the reign of Charles, viz. in the year 1674, that we hear any thing of a distinction between Fellows and Licentiates, or of the exclusive right of the Oxford and Cambridge Graduates to the Fellowship. This too is only in a Royal letter from the King to the College, without any appearance of parliamentary confirmation.

CHARLES R.

Trusty and welbeloved wee greet you well.

Whereas we have been informed That there are *several pretended Physicians & Doctors graduated in Universityes beyond the Seas who by indirect means endeavour to be received into that our Royal Colledge as Honorary Fellows, without incorporation into either of our Universityes or previous Examination & approbation,* according as it is expressly required by y^r Statutes to y^r great prejudice of y^r fellows of or said Colledge and their Successors & of the Priviledges and immuntyes granted to them by or Royal predicessors & orself. Wee having taken the same into or Royal Consideration have thought fit *to signifye or pleasure* to you, and doe accordingly *direct you* not to admit any person whatever as a Fellowe of the Societye & to enjoy y^e priviledges of s^d Colledge that hath not had his Education in either of or Universityes of Oxford or Cambridge kept his Act for D^r in Physick & don his Exercises

* Med. Jurisprudence, Vol. 3, p. 94.

accordingly, or that is not incorporated & licensed there, haveing first taken the Oathes of Allegiance & Supremacy, & haveing been by you afterward examined and approved of according to the Statutes. And to the Intent this or pleasure may be better observed wee doe likewise *hereby require you* to cause these or Letters to be entered upon the Registe of or said Colledge & so wee bid you ffarewell, Given at our Court at Whitehall, Febr. 12th 1674 in the 26th year of or Reighn."

This document clearly proves, we think, that the Fellowship was not exclusively kept for Graduates of Oxford or Cambridge, previously, else why the necessity for this Royal letter. It offers, we imagine, incontestible proof that no such distinction as that which now exists between Fellows and Licentiates, was contemplated by, or contained in the original Charter—hence the advantage of returning to the spirit of that ancient instrument.

This letter sets out by artfully sounding an alarm that "several *pretended* physicians and doctors graduated beyond the seas," had endeavoured by *indirect* means to be received into the Royal College "as *honorary Fellows*," "without incorporation *or* (mind that) previous examination and approbation, &c." Now this *or*, instead of *and*, clearly shows that previously to this Royal Letter, Physicians had been received into the Commonalty or Fellowship, who had graduated beyond the seas, but who had submitted to examination and paid the fees. The Royal Letter therefore bears intrinsic marks of *secret influence* working on the Royal mind, in favour of a *restriction* which did not previously exist, and of which we see no indication in the original Charter—no confirmation by Parliament following this loving letter. But whether it was confirmed by Parliament or not, the College cannot surely plead an edict or a law which they have violated and do violate whenever it suits their purpose. If it be good to break a law annually, one would suppose it still better to repeal it. Or is there some secret key to this Royal mandate which indicates when it is to be obeyed and when disregarded? Are there certain *letters* in the alphabet or *combinations* of letters to which the ROYAL LETTER sympathetically responds, or on which it repulsively frowns? We should suppose that this is the case. Thus the Royal Letter spontaneously opens its seal at the word "Sir James,"—but is deaf to the word "Sir Gilbert." The letter B. followed by an A. dissolves King Charles' prohibition against those Doctors who have "graduated beyond the seas;" but if the letter B. is followed by an L. it is quite another affair, and the Royal VETO is in full force! The case is plain enough to common sense. The Royal injunction is a mere instrument or key by which the door of promotion or favouritism is opened or locked, according as inclination prompts or interest operates.

And granting that certain ultramarine doctors were endeavouring, (in the time of King Charles) *by indirect means*, to get themselves enrolled as honorary members of the College without university matriculation or personal examination and disbursement of the money, surely these things can be guarded against by the watchful eyes of our censors, without any necessity for deviating from the original spirit of the charter. Much do we suspect that the fears engendered in the royal breast respecting the honour of the College, arose from "information" tendered by persons who kept a bright eye on their own interests rather than on the interests of the King's liege subjects.

We shall now lay before our readers some particulars of a remarkable trial that took place between a physician of the name of Bonham, and the College, which bears very close indeed on that which is soon to be exhibited in one of our own courts of the present day. It is extremely difficult to pick out much common sense or rational argument from the mass of technical absurdities and legal quibbles with which this trial abounds. We have therefore left a great portion of its Cymmerian verbiage to rot in the

original rubbish where it lies. We shall, however, preserve some curious scraps from this legal dunghill, which may afford ample materials for serious reflection, and some shrewd judicial observations which are little calculated to aid the cause for which this document has been so carefully preserved by the advocates of ancient, obsolete, and irrational statutes.

The said Thomas Bonham, a Doctor in Philosophy and Physick, of Cambridge, brought an action against the College Censors of his day, for seven days' imprisonment, in the 4th year of the reign of King James. The defendants pleaded the celebrated Charter of Henry VIII. especially two clauses beginning "*quod cum Regii officii, &c.* (see the beginning of the Charter) and "preterea voluit, &c." see the same) pointing out the parliamentary confirmation of the said Charter, in the 14th year of Henry the Eighth's reign. They further pleaded that the said Thomas Bonham, "exercebat artem medicinæ, *non admissus per literas præd' presidentis & Collegii sigillo, &c.** ubi revera præd' Thomas Bonham fuit minus sufficiens ad artem medicinæ exercend?" Dr. Bonham then, a Graduate of the English Universities, being weighed in the scale, and found "*minus*," was interdicted from practising by the President and Censors, and subsequently fined in the sum of five pounds for continuing to practise, in contempt of the College after rejection.†

Again Dr. Bonham was summoned and amerced in the sum of *ten pounds*. He was a third time summoned before the dread tribunal of censors, and asked if he would humble himself before the College for his disobedience, and submit himself to examination. But the Doctor appears to have been made of real opposition stuff; for he "answered, that he had practised and would practise physic within London, *nulla a Collegio petita venia*—and that he would not submit himself to the President and Censors; affirming that the President and Censors had no authority over those who were Doctors in the University." Upon this, the Censors did forthwith incarcerate the body of the said Dr. Bonham in the Compter of London.‡

It was natural enough for Dr. Bonham now to plead that clause of the

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* This clearly shows that the graduates of Oxford and Cambridge were *admitted* by letters of the President, &c. in the same terms by which the Licentiates are *now* admitted—and consequently that the admission was the same for both at that time This is a point of great importance, as proving that the innovation of dividing the College into two classes—FELLOWS and LICENTIATES, had no foundation in the original Charter.

† This fining and imprisonment, after failing in an examination, shows the difference between former and present times. What would have been the consequence if Dr. Armstrong and Dr. John Mason Good had been *fined and imprisoned* immediately after their rejection by the present College!

"Tempora mutanter, et nos mutamur in illis."

The College ought to bear in mind how dangerous a procedure it is to kindle up the exercise of Statutes at which science and sense should *blush*—and for which the College itself *may* perchance grieve!

‡ Dr. Harrison may thank his stars that he had a Henricus *Halford*, instead of a Henricus *Octavus*, to deal with; otherwise he might have passed the dog-days of 1827, in the Compter, instead of rolling in his carriage about Cavendish-square! Sincerely do we regret that such a man as Sir Henry Halford should be doomed to support such execrable laws! There is not a man in the United Kingdom whose liberal mind will more revolt against the execution of a statute which will be recorded in the latest annals of medicine, as a foul blot on the science and sense of the Nineteenth Century! But we have *more than hopes*—we have *strong expectations*, that,

Parliamentary Act (confirmatory of, and additional to the Charter) which expressly exempted the graduates of Oxford and Cambridge from the examination of the London College;—the said graduation at the English Universities having "*accomplished all things for his form, without any grace.*" He proved that he was a graduate of Cambridge, and consequently had "accomplished all things," until "the defendants (the Censors) had imprisoned him." But, alas! the meaning of words *on one side* of a question is quite different from the meaning on the *other side*. The case was often argued by the Serjeants at bar, and at last was argued by the Justices.

It appears that Justice Daniel was of opinion "that a Doctor of Physic, of the one University or the other, &c. was not within the body of the Act—and if he was within the body of the Act, that he was exempted by the said latter clause." By some legal logic, however, this was carried against Justice Daniel. Some observations of the celebrated Coke, then Chief Justice, are well worthy of record in this place, as showing the absurdity of clinging to old statutes, that violate common sense and public justice. After paying a somewhat dubious compliment to the College Doctors, he remarked that—"no comparison was to be made between that private College and either of the Universities of Cambridge and Oxford, no more than between the father and his children, or between the fountain and the small rivers which descend from it. The University is *alma mater*, from whose breasts those of that private College have sucked *all their science and knowledge*, (which I acknowledge to be great and profound.) The University is the fountain, and the like private Colleges are *tanquam rivuli*."

If a man were to preach the doctrine now that the Fellows of the College drew all their knowledge from Oxford or Cambridge, he would stand a fair chance of being prosecuted for a libel by the said Censors: yet this was the grand argument made use of formerly for keeping up the privileges of Oxford and Cambridge. All claim on the part of medical knowledge is now dropt by the supporters of the Universities; but then the Latin, Greek, Mathematics, and *Moral* Philosophy of the Universities are of such a kind as to make the future physician pre-eminent in the knowledge of diseases, their causes, and their remedies, beyond the scholastic lore of all other places whatever.

But to return. The Judge properly observes that the laws of the College, as granted by the Charter, were evidently directed against five classes of people, namely the *Improbi*, the *Avari*, the *Malitiosi*, the *Temerarii*, and the *Inscii*. These were to be prosecuted, fined, or confined by the College. We ask the College if it was ever contemplated, or if contemplated by the Charter, was it right, that any of the above characters should be *admitted* as *Licentiates* by paying a fine to the College? Certainly not. It is therefore most disingenuous to consider the class of Licentiates as taking their origin from this farrago of Charlatans. On the other hand, let us see who those are whom the Chief Justice points out as fit to be admitted into the Commonalty of Physicians. They are—"1. *Profound.* 2. *Sad.* 3. *Discreet.* 4. *Groundly learned.* 5. *Profoundly studied.* *And it was well or-*

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under this liberal and enlightened President, the original Charter of the College will, ere long, start into a new existence, divested of the narrow prejudices and illiberal shackles, with which poor, weak, jealous, and short-sighted man has debased and dishonoured a noble and Royal Charter. Never was a fairer field for acquiring immortality opened, than Sir Henry has now before him; and we are much deceived in his character, if he do not take advantage of the golden opportunity. It may never again occur.

deined that the Professors of Physic should be profound, sad, discreet, &c. and not youths who have no gravity and experience."* Is there any allusion here to the Graduates of Oxford and Cambridge as the only Physicians proper for the Association? Not the slightest idea of the kind appears to enter the mind of Chief Justice Coke. It is true that he considers it a matter to be presumed that the Graduates of Oxford and Cambridge should have the above qualifications by virtue of their education: but he no where insinuates that these *only* are to be the Fellows of the College. His words are:— And it ought to be presumed every Graduate of *any of the Universities* to be within the statutes, viz. to be profound, sad, discreet, &c."

The judges determined that the Censors had no power to *confine* Dr. Bonham, because he belonged to the last class described; but, after a long discussion, they determined that Dr Bonham was finable by the College, although a Graduate of that *Alma Mater* from whence the said College Alumni "*had sucked all their science and knowledge*," although the statute had expressly declared that the said graduation at Oxford or Cambridge "accomplished *all things* without grace"!!. Such are the absurd interpretations of statutes enacted without regard to common sense, public utility, or rational justice! But this is not all. These men of wisdom on the bench decided that, in the first place, "he who practises physic in London in a good manner, although he doth it without a license, yet it is *not any prejudice to the body of man.*" He may practice thus for the space of 27 days; but if he write a prescription on the 28th day, were it to save the life of a King or a Prime Minister, he is actionable and must be prosecuted as the Act directs!†

"And the law hath *great reason* in making this distinction; for divers nobles, gentlemen, and others, come upon divers occasions to London, and when they are here they become subject to diseases, and, thereupon, *they send for their physicians in the country*, who know their bodies, and the cause of their diseases, (causes arising in London!) Now it was never the meaning of the Act to bar any one of his own physicians; and when he is there, *he may practice and minister to another by two or three weeks, without any forfeiture.*"—*Paris, vol.* iii. *p.* 108.

To show that the College has power, and did formerly exercise it, over irregular and ignorant practitioners, we shall here cite the case of Groenvelt, who was fined and *confined* by the College, and who brought an action against the College "*for trespass, battery, wounding, and false imprisonment.*" The Censors, or defendants, pleaded, as usual, the Charter by which they were authorised to amerce and imprison those who did not properly and skilfully exercise the healing art. They averred that the said Groenvelt did, on the 1st of January, in the eighth year of King William's reign, administer "*bad and unwholesome physick to one woman, and that the said woman and her husband complained to the defendants, being the Censors of the said College.*" The Censors summoned the delinquent before them, and "upon examination, they found him guilty of administering unwholesome physick, by means of which the said woman languished"—but, fortunately, did not die! For this grievous offence they fined the poor Doctor £20. and then incarcerated his body! For this the action was brought against the College; but Chief Justice Holt supported the Censors of the College, and considered **them as fully empowered** to act as they did. The Judge laid it down as good law, that the Censors are constituted by the statute, "judges of the fact, what *is* a mal-administration of medicines, and what is not; and they are judges of record, for they have authority to

* Paris, Med. Jurisprudence, Vol. iii. Appendix 1.
† Vide Paris' Med. Jurisprud. Vol. iii. p. 108.

impose fine and imprisonment." It is hardly necessary to say, that poor Groenvelt was nonsuited.

Now, as the statutes confirmatory of the charter have not been repealed, it is evident that the College possesses at least as much power over ignorant or quack doctors as they possess over skilful and regular physicians: and if so, why do they not exercise this power? In fact, they possess much more power over the charlatan, than over the *alieni homines*, the graduates of Scotland, for example; because they can imprison "pro delictis in *non bene* exercendo, &c." whereas they can only fine the regular physician, who does not, of course, come under the *non bene exercendo* clause. There can be no doubt, however, that they would punish *by expulsion*, any FELLOW of the College who did any thing to disgrace their own body; but a LICENTIATE, as an outcast from the College, is under little or no control, except from the dictates of his own conscience. He has no reward to expect from the College for merit—no reprehension for deviations from strictly professional and ethical conduct—if we may judge by some recent exhibitions and public correspondence.

As it is our intention to prosecute this inquiry through all its ramifications, we shall here conclude this first article, already too far extended. From the letters which have passed between the Censors of the College and Dr. Harrison, it is evident that both parties are now pledged to bring the matter in dispute to a legal issue. Whichever way the verdict may go, we are convinced that much good will result to the profession, and society at large. The execution of a statute which violates common sense and outrages public feeling, will be sure to excite an investigation, and lead to an inquiry that must ultimately abrogate the unnatural statute, or at least nullify its operation. We shall, therefore, wind up this article with a sentence from Chief Justice Coke's observations, which will probably not be lost in a certain quarter.

"And it appears in our books, that, in many cases, the *common law* will controul Acts of Parliament, and adjudge them to be utterly void: for, when an Act of Parliament is against common right or reason, and repugnant to be performed, the common law will controul it, and adjudge such Act to be void."*

If the above opinion, which we hope is prophetic, was ever applicable at any period, it is entirely so at the present moment. But, in our next, we shall return to the subject of reviving the original charter, and extending its useful powers—concluding as we began,

"Perituræ parcite Chartæ.—JUV.

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* Paris, Med. Jurisprud. trial of Dr. Bonham.

CRITICAL ANALYSIS

OF

SELECT HOSPITAL REPORTS

IN THE

LANCET.

No. 194, *May 19th.* } *Acupuncture in Sciatica.*

Scotus reports a case from the Edinburgh Royal Infirmary, in which, sciatica had resisted all the usual modes of treatment, and where the needle was three times introduced, with real or supposed relief for the time; but, as the pain always returned, acupuncture was abandoned. Dr. Graham even became witty on this occasion, and compared the "seat of honor," in the poor patient's case, to a pincushion! It seems that the *wise men of the North* consider acupuncture as one of those French bubbles, (like the stethoscope, for example,) which the effervescence of invention has cast on the stream of public opinion, to float for a short time, and then disappear. But it should be recollected that this is not a French invention, but one derived from their brethren, the *wise men of the East*, who in their maps of the world, represent their own country as a large continent, and all the other countries of the world, for example, France, Germany, Spain, America, England, &c. as little islands, studded, at various distances, in the ocean around the celestial empire! We fear that this *celestial* empire is not confined to China or Japan. But—VERBUM SAT.

Hernia. Two cases of this disease are reported from Bartholomew's.

Case 1. This patient had been subject to hernia for 17 years. but manipulation had always succeeded in the reduction till this time, when it failed. The man was instantly sent to the hospital, and was seen in an hour after the strangulation; yet the tumour in the groin was so exceedingly tender and painful, that the taxis could not be borne. "A warm bath was ordered, and the *arm* speedily placed in it. Twenty-eight ounces of blood were then taken from *the arm*, but syncope was not induced. The tobacco-injection was then given, and vomiting succeeded. "The matter thrown up possessed not the slightest *fœcal odour*, on which Mr. Charles Bell places great reliance, as denoting the *certain existence* of incarceration." The injections and attempts at taxis having failed, the operation was performed. The hernia was congenital, consisting of omentum, and six or seven inches of *small intestine*. These were returned, and the patient did well.

We have often been surprised that surgeons should consider *stercoraceous* vomiting to be a necessary consequence, or certain proof, of strangulation of the gut. How can stercoraceous matters return from the large intestines, (where alone they can acquire the "*fœcal odour*,") if a portion of small intestine, as in the above case, is incarcerated? The thing is absurd.

The second case, which proved fatal, seems to be chiefly introduced for the purpose of throwing odium, without any proof, on some member of the Royal College of Surgeons, for imputed neglect in the treatment of a scrotal hernia. The practitioner was called up after three in the morning, and attempted the taxis, but failed, and then bled the patient. Again the reduction was attempted. At eight

o'clock in the morning, the man was sent to Bartholomew's, and his death is evidently imputed to the few hours delay which intervened. We are no advocates for procrastination in cases of strangulated hernia; but there are few practitioners, we believe, who would venture to operate in five hours from the time a hernia came down:—And we do hope that there are few, except the reporters in the Lancet, who would endeavour to affix a stain on the professional character of one of their brethren for such a delay. When will this diabolical system of literary assassination cease to be relished by a profession styling itself learned and liberal?

Mr. Vincent operated, but the patient sunk, in two days, under general peritoneal inflammation, and gangrene of the portion of ileum that had been incarcerated. This case offers an illustration of the danger of delay in some cases of hernia; but the difficulty of discriminating these cases from those in which the taxis and other means may be much longer employed, is great indeed.

No. 195, *May 26th.* } *Softening of the Brain.*

Under the head of "HOSPITAL SURGERY," Panton Square, there is a note of a dissection in Mr. Wardrop's practice, exemplifying that pathological condition, now so well known, especially on the Continent, by the term *ramollissement*.

Three weeks before the patient's death, he had been exposed to great mental excitement, became very irascible, and uncontrollable in these paroxysms. He consulted Mr. Wardrop for pain in his forehead, which was constant, though variable, pulse unaffected, except in frequency; tongue loaded; skin warm; bowels irregular. He was purged and cupped, at first with temporary relief; but the pain returned with augmented force, the pulse being feeble and compressible. In a few days, he complained of loss of power in the left arm and leg, followed by difficulty of utterance, and feebleness of the right side. General and local bleeding produced no relief, and he soon lost the power of both sides of the body. His intellect was unimpaired, and he died in a few days after the supervention of the general paralysis.

Dissection. The dura mater had lost its white and glistening appearance, and was thickened, in some places, with marks of former inflammation. There was some water in the ventricles—pia mater very vascular—tuberculum annulare, in some places, quite soft and pulpy, yielding to the slightest pressure under the finger. In fact, the greater portion of it was in a state of deliquescence.

No. 198, *June 16th.* } *Congenital Division of the Palate.*

We regret to see that the operation for this defect was unsuccessfully performed by Mr. Wardrop and Mr. Alcock. The patient was 21 years of age, and her soft palate and uvula were divided into two symmetrical portions, the bones being entire. Three broad ligatures were first introduced through the soft palate at regular distances—the callous edges cut off—and the edges brought (but not to the very end) into contact. There was much hæmorrage and no adhesion.

Abscess of the Liver.—We are greatly inclined to think there is a misnomer here. A man, aged 57, presented himself in Panton Square, "with a globular tumour, the size of the fœtal head, extending in the course of the linea alba, from the ensiform cartilage nearly to the umbilicus. The swelling was soft and *elastic*, and afforded a distinct, though deeply-seated sense of fluctuation." There was little pain on pressure, and the colour of the integuments unaffected. There was constant uneasiness in the loins and right shoulder, with occasional rigors—skin yellow, stools white. This swelling was first noticed after an attack of jaundice, with acute symptoms, and had rapidly increased. Mr. Wardrop had no doubt it was an abscess in the liver, or connected with that viscus. "In these affections, he observed, it is much better to avoid making any opening, with the view of discharging the purulent matter, for he was sure he had seen many bad consequences arise from puncturing *swellings* of a similar nature." Acting on this principle, some calomel and rhubarb were ordered every night. "A few days ago the man returned to show himself: his general health is greatly improved. The tumour has now *nearly*

disappeared, and no sense of fluctuation can be perceived." He had passed nothing particular by stool, nor has he had any expectoration.

Remarks. In the first place, we question the fact of this being an hepatic abscess. We have seen many cases of this disease, but never saw, or heard, or read of any one, *the size of a fœtal head*, going off in such a manner, without sensible effects while bursting into the cavity of the abdomen, chest, stomach, or colon. It is more likely to have been an enlargement of the gall-bladder from obstruction of the ducts.* We lately saw an instance of this kind, where a patient died of disease of the liver, the gall-bladder being capable of holding a pint of fluid. Or (what is more likely) the case might have been an hydatid—but human experience gives it against abscess.

And, secondly, granting that it was an abscess, we hold it to be one of the best established principles in physic or surgery, to give external vent to an hepatic abscess, presenting a globular tumour the size of a child's head, with distinct fluctuation. Can it be expected that such a collection of pus can be absorbed? Certainly not. The other terminations then must, in all probability, be by bursting internally. In respect to the case in Panton square, however, we perfectly agree with Mr. Wardrop that there might be much mischief done "from puncturing *swellings* of a similar nature."

Curious Appearance in a Stump—A boy's arm had been amputated some years ago, by Dr. Thompson, and the stump, well covered, had soon healed. The boy went into the country, and was lost sight of for some years. He lately returned, with the stump presenting a very conical and tapering form. No muscular substance covers the bone within two inches and a half of its extremity. Three quarters of an inch of the bone projects completely beyond the skin. This projection has become covered with a horny substance exactly resembling the finger nail, and in the form of a thimble. The patient suffers no pain, but is obliged to keep the stump well covered to defend it from injury. Mr. W. intends to amputate this projecting portion.

No. 199, *June 23rd.* } *Carcinomatous Disease of the Palate.*

This case is (at the time of report) in St. Thomas's Hospital. The following is the state of the parts. A man, 56 years of age, had a tooth extracted some time previously, and was informed by the surgeon, that he had a disease of the mouth, for which he was recommended to Bartholomew's Hospital. He remained there a few weeks, and then left it. He entered St. Thomas's Hospital, on the 3rd of May. On looking into the mouth, the right side of the palate was found covered with florid, hard granulations—the same appearance extending over the jaw, and affecting the cheek—extending backwards and involving a portion of the velum pendulum palati. The reporter avers that there is no distinct breach of surface, "but simply a conversion of the naturally smooth and polished condition of the mucous membrane into a surface covered with rugged substances, fleshy in appearance and resembling granulations, but of cartilaginous hardness." The parts are but little sensible, and the patient experiences little or no pain in the mouth. The glands beneath the jaw are enlarged, and of stony hardness, attended with occasional lancinating pains there. There were two other subcutaneous tumours on the abdomen, and one on the chest, the precise nature of which is not ascertained. Sarsaparilla, soda, and anodynes, are the medicines prescribed. The man's health is not bad. A solution of nitrate of silver is ordered to the parts.

No. 200, *June 30th.* } STRANGULATED HERNIA.

W. Bates, æt. 43, was brought into Bartholomew's Hospital, April 1st, at four p. m., labouring under nausea, hiccup, vomiting, abdomen tense, and rather painful on pressure. In the left groin, just over Poupart's ligament, was a small tu-

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* "Une femme mourut de consumption: à l'ouverture du cadavre, on trouva les deux conduits biliaires completement interceptés, le cystique par un calcul—l'hepatique un tubercule developpé dans le foie. *La vesicule du fiel était tellement distendue par la bile, qu'elle égalait l'estomac en volume*—MAGENDIE REVUE MEDICALE, MAI, 1827, p. 260.

mour, which was rather painful; pulse 120 small, and weak. He states, that between two and three months ago, the tumour first appeared, that since that time the bowels have been irregular, and that on the 28th of March, the bowels being costive, he was attacked with nausea and vomiting, whilst the tumour became larger and more painful. On the three succeeding days he took some castor oil, &c. which was immediately rejected, and just before his admission he was bled by a surgeon, who employed the taxis and succeeded in reducing the tumour to half its previous size. He has had no motion since the 27th.

He was now put into the warm bath, and reduction attempted, but without effect. *Calomel and jalap—enema.* The medicine was rejected, and the glyster brought away no fæcal matter. At 9 P.M. Mr. Lloyd saw the patient, but not being quite satisfied of the existence of hernia, he ordered V. S. ad ℥xvj. with five grains of calomel and a grain and a half of opium immediately. This was rejected, as was a second dose. *April* 2. The symptoms continue. Mr. Lawrence was sent for, and determined on operating. On dividing the sac, there was found protruding through the crural ring a portion of intestine as large as a filbert, of a reddish brown colour, and generally adhering to the sac. A director was introduced, and Gimbernat's ligament divided horizontally inwards, by means of Sir A. Cooper's curved bistoury, carried in that direction. The gut was then reduced without difficulty. The symptoms however were not relieved, and at 11 P. M. nine hours after the operation, the patient sank.

Dissection. On separating the edges of the wound, a knuckle of intestine, smaller and less discoloured than at the time of the operation, was found slightly adherent to the neck of the sac. It was a portion of the ileum, but little altered in structure, and on laying it open there was found no mark of stricture on its inner coat. The peritoneal coat of the smaller intestine above the hernia exhibited some marks of inflammation, but this was by no means general.

Remarks. This case exemplifies well the dangers of a late operation in hernia. The strangulation, or rather incarceration had existed for five days before the patient's admission into hospital, and, under such circumstances, it is not much to be wondered at that division of the stricture should give no relief. The reporter lays it down as remarkable, that, during all this time, the symptoms "had not become very urgent;" but if nausea, vomiting, hiccup, tense and painful abdomen, with a pulse 120, small and weak, and complete constipation be not urgent symptoms in hernia, we know not what are!

Two cases of strangulated hernia occurred lately at St. George's, which have some points of interest connected with them.

Case 1. Joseph Hynaison, æt. 36, had been subject to rupture for five or six years, but could always return it, and never wore a truss. On the 29th, whilst coughing, the gut came down with some pain, and he was unable to reduce it. The pain increased, and on the 1st of May he became affected with vomiting. He now applied to a surgeon, who bled him, administered an enema and employed the taxis, but without effect. Leeches and lotions were subsequently applied to the tumour and tartar emetic given. The vomiting persisted, and after May 2nd, he had no evacuation from the bowels, although previously he had several daily. On admission, *May 4th*, the expression was highly anxious—hands cold—pulse 108, weak and small—tongue furred and rather dry—vomiting of a green bilious matter. In the right inguinal region was a tumour of considerable size, tense, extremely painful to the touch, stretching down into the scrotum, and bearing all the marks of scrotal hernia. There was great pain and tension of the abdomen, and the patient was exceedingly restless. *Warm bath for three quarters of an hour, without the slightest relief.* At 9 P. M. the operation was resorted to as a dernier, though almost hopeless resource, by Mr. Jeffreys. It was performed in the usual way, the stricture being at the outer ring. On cutting into the sac, it was found to contain condensed omentum, of a reddish inflammatory colour, and adherent to the parietes of the sac as high as the inner ring. It was not however congested or black; in fact, there

was no evidence of strangulation. The adhesions were with some difficulty broken down and the omentum returned into the abdomen. 11 P. M. Belly very painful—pulse 120 weak. *Haust. Salin.* ℥jss—*Magnes. Sulph.* ℥j. *4tis horis. May* 5, no better. *V. S. ad* ℥x. *Hirud,* xx. *abdom. Inf Rosæ.* ℥jss, *Magn. Sulph* ℥j. *statim.* The extremities now became quite cold, and at 8 P. M. he expired.

Dissection. The peritoneal coat of the intestines was inflamed, and the convolutions agglutinated together. A portion of omentum on the right side was injected and indurated by inflammation, whilst a little above this, and apparently in that part of the omentum which had been enclosed in the sac was an abscess containing a spoonful of good pus. Here and there the intestines were coated with layers of lymph, and in small cyst-like cavities, between these layers and the peritoneum, were small depôts of pus. In short, there was evidence of pretty acute peritoneal inflammation both on the intestines and omentum. It was evident too, that no gut had at any time been included in the stricture.

Remarks. This patient exhibited such decided marks of peritonitis upon his admission, that the operation was resorted to more as a forlorn hope, than as affording any great prospect of success. The "obstruction" in the bowels was here, as it often is in hernia, not the result of stricture of the canal, but of inflammation. The chances were fifty to one against recovery in this particular instance, but still in such cases, would it not be advisable to apply leeches *very freely* to the abdomen? They might keep the inflammation at bay; at any rate, they could do no harm. Let us now contrast this case with one which happened at the same hospital, and in which an early operation was performed.

Case 2. Jonathan King, æt. 42, was admitted under Mr. Jeffreys, *April 20th,* 1827. For the last 13 months he has been subject to a rupture for which he wore a truss. Thirty six hours ago, whilst lifting a heavy weight, the gut descended, and could not be reduced. He was taken home, a distance of some miles, in a common cart, and a surgeon called in, who attempted to bleed the patient, but without success. He then administered an enema which brought away a little feculent matter.

On admission at 12 M. there was a swelling in the right groin, about the size of a duck's egg, stretching down into the scrotum, and having all the characters of an inguinal hernia. There was considerable pain in the abdomen and tumour—not much anxiety of countenance —occasional vomiting. The taxis was tried by Mr. Jeffreys, but without effect. The man was then removed to the bath for half an hour, and ℥xxvj. of blood abstracted. Syncope occurred, he was removed to bed and the taxis employed, but again without effect. The countenance now became anxious—thirst—quick pulse. At 3 P. M. the operation was performed. On opening the sac, a considerable quantity of fluid escaped; the gut was of a dark purple colour, but by no means mortified, and it was tied down to the extremity of the sac by a band of coagulable lymph. This was torn through —the stricture, which was at the outer ring and not very tense, divided, and the gut returned without much trouble. The patient vomited and passed his fæces during the operation, but the immediate change of expression in the countenance, and relief of pain which followed its completion, were remarkable. On the third day the wound had almost entirely healed, and not a bad symptom supervened.

Remarks. This case was well treated by Mr. Jeffreys. The changes were not rung on the taxis, and baths and bleeding, and taxis again and again, and lastly tobacco glyster—the time for operation was not parleyed away, but after a fair and ineffectual attempt at reduction, the knife was at once had recourse to. Can any thing be more illustrative of the safety and success of an early operation? We make no apology for introducing these two cases in this place, for we are sure that they are practically interesting, and bear upon an important question in surgery.

No. 201. *July 7th.* } *Compound Fracture of the Skull, without depression.*

T. P. æt. 15, was admitted into Guy's Hospital, June 22nd, under Mr. Key,

with an oblique wound of the scalp on the upper and back part of the parietal bone. On introducing the probe, a fissure was detected, taking the course of the wound, about two inches in length, and quite unaccompanied with depression. The accident which occurred just previous to his admission, was occasioned by his falling with his head against the boiler of a steam engine. He was stunned by the blow. When admitted the face was pale and the pulse feeble, but no further symptoms were present. The wound was dressed with lint and adhesive plaster. In the afternoon there was some re-action with pain in the head, and pupils dilated and sluggish. A few ounces of blood were taken from the arm, and pills of colocynth and calomel exhibited. 23d. Better—still some head-ach—pupils rather dilated. *Head to be kept cool—saline mixture, with a grain of tartar emetic, every four hours.* The wound of the scalp healed, and on July 1st, no bad symptom had appeared.

Here we see the little danger attendant on fractures of the skull without depression, provided the concussion, or its effects, be not severe. Some of that ribaldry which the reporters for the Lancet are constantly dealing forth, is tacked to this case. It may pass for wit and drollery with the writer—it is truly sickening to the reader.

Horny Excrescence from the Neck.—A woman, æt. 60, observed, about ten years ago, a small warty excrescence, not of a very hard texture, in the integument covering the spinous process of the second cervical vertebra. It enlarged without pain, and assumed a horny consistence. The woman was in the habit of keeping its growth under, by paring, but latterly she had allowed it to grow. She now applied to Dr. Palmer, of Arbroath, the excrescence being nine inches in length and two and half in breadth, and that gentleman, with her consent, removed it by the root. It was of the structure and form of a ram's horn, and originated from the cuticle, having little connexion with the cutis vena. No return of the disease took place. The preparation is in Panton Square.

Lithotomy in Old Persons. Very old men, it is well known have been cut for the stone, and with considerable success. Sir A. Cooper mentions two instances; in the one, the patient was eighty-two, and in the other, eighty-six years of age. The operation in the latter case was performed by Mr. Attenburrow, a very able surgeon of Nottingham. If, however, there be enlargement, or other disease of the prostate gland, the chances in favour of the patient are much diminished. The following case which occurred at St. Thomas's Hospital, is one in point.

The patient, æt 81, had been residing in a work-house for two years previous to his admission, and during this time his sufferings were excessive. He was anxious for an operation, and his health being tolerably good, Mr. Travers performed it on the 22d of June. The gorget was got into the bladder, apparently without much difficulty, and a calculus about the size of a pigeon's egg extracted. Upwards of half an hour now elapsed in attempting to bring away a second calculus, which could be readily felt and grasped, but not removed on account of its magnitude. At length Mr. T. enlarging the wound in the bladder with a long curved bistoury, the stone was extracted. Considerable venous hæmorrhage followed the introduction of the gorget. On the third day, symptoms of prostration came on, and next morning the patient sank. On examination of the body a stone of some size was found in the right ureter, and the corresponding kidney wasted. The mucous membrane of the bladder was much thickened, and in points ulcerated The prostate was enlarged and of cartilaginous hardness. In several of the veins round the neck of the bladder, calcareous matter was found.

Inflammation of the Prepuce, with Phymosis. W. R. æt. 24, thin and sallow, who had lived freely, and suffered from venereal complaints, observed about three weeks since, soon after suspicious connexion, a small sore on the inner surface of the frænum. To this he applied a lotion, and took calomel pills, two at night and one in the morning, which produced salivation in 48 hours. The sore, however, got worse—and four days ago, after waking, the penis became inflamed and swollen, and he could not draw back the fore-skin. *March* 16. This morning he entered Bartholomew's. A good deal

of bleeding took place from the penis, giving some relief. There is phymosis, the prepuce and skin of the penis are swollen, red, and painful, and from the orifice there issues a bloody, sanious discharge. Mr. Lawrence, to liberate the inflamed parts, introduced a director, and slit up the prepuce in its whole length at the upper part. Its internal surface was highly inflamed and superficially ulcerated. The glans was inflamed also, and displayed a dirty white ragged ulceration, in which several streaks of blood appeared. The parts were excessively painful. *Calomel* gr. iv. *Jalap*, gr. xij. *immediately—bread and water poultice—salines with antimony every eight hours. To be bled if the febrile action continue.* 17*th*. He was bled to fourteen ozs. last night.—The blood is inflamed. He is better in all respects. *Mag. sulph.* ℥j. *inf ros.* ℥j. *ter quotidie—opium pill at night.* 19th. The sore looks sloughy. *V. S. ad.* ℥xvj. *poppy poultice every four hours. —salines and antimony every six. Ext. conii* gr. v. *ter quotidie.* 20*th*, Inflammation and swelling of the prepuce relieved—ulceration more healthy. Pulse full and strong, with much heat about the parts. *V. S. ad.* ℥xvj. *rep. med.* From this time recovery was progressive. Both the ulceration and wound of the prepuce cicatrised, one part alone healing slowly, where the ulcerative process had extended deep.

No. 202, *July* 14*th*, } *Wound of the "Brachial" Vein—Gangrene of the Limb.*

W. P. æt. 35, entered St. Thomas's Hospital, June 28th, under Mr. Tyrrell, with the left arm exceedingly tense and swollen, and the skin discoloured from the shoulder downwards. It appeared that about a month previously, the man had been stabbed in the arm with a knife, that the wound did not bleed much at the time, but that in the night he lost "half a gallon" of blood of a red colour. The hæmorrhage ceased of itself, but he went to a surgeon, who applied some sticking plaster, and feeling no inconvenience he resumed his employment. On the third day, however, pain and swelling came on, and the arm had the appearance of being bruised. Twenty leeches were applied to the limb, with poppy fomentation and linseed meal poultice. Calomel and opium at bed time. Next day thirty more leeches, and a dose of laudanum at bed time. *June* 30. The arm is exceedingly swollen as high as the point of the shoulder, at which part, and as far down as the anterior fold of the axilla, the skin is of a dusky red colour: between this and the elbow it is purple. The fore-arm is less swollen, and on its outside as well as on the wrist, forefinger, thumb, and little finger, are dark vesicles. These commenced yesterday. On the outside of the biceps and a little below its middle, is a small wound, looking dark and bloody, and apparently sealed with coagulum. Pulse at the wrist not to be felt, in the other arm it is sharp and quick—tongue rather furred—countenance anxious—arm very painful in paroxysms. On the inside a diffused pulsatory motion is felt. Mr. Tyrrell imagined the case to be one of diffused aneurism from wound of the brachial artery, and considered amputation as the only effectual remedy. This, however, the state of the parts for the present forbad. In order to gain time, and allow the inflammation of the skin to subside, Mr. T. directed more leeches to be applied. *July* 1*st*. Not quite so much redness about the shoulder. 2*nd*. Limb much the same. The skin having become thinner on the inside of the fore-arm, Mr. T. grew apprehensive of ulceration and hæmorrhage. Accordingly, as there was now a hand's breadth of integument below the shoulder, free from redness, he proposed amputation at the joint. In consultation, however, it was determined to remove the limb by sawing through the bone immediately beneath its tubercles.

This operation was attended with a good deal of difficulty. On making a flap of the deltoid, a great deal of extravasated blood was found, and when the artery was divided it bled so profusely notwithstanding firm pressure on the subclavian, that it was attempted to secure the axillary artery before sawing through the bone, but without effect. Even afterwards when the limb was fairly off, such was the retraction of the vessel, that upwards of half an hour elapsed before it could be tied. A temporary suture was passed through the integuments, and the patient removed to bed, but no hæmorrhage following, the wound was closed

with sutures and straps made of equal parts of the adhesive and soap plasters. The constitutional irritation did not subside, but on the second morning after the operation, Mr. T. ordered the patient some porter, on account of "a want of power, indicated by a hesitation in the pulse." In the afternoon the skin was hot, and pulse rapid. Bowels freely opened with castor oil. Next evening diarrhœa came on—he had been taking eggs and porter—this last was discontinued, and six ounces of wine substituted. In a week after the operation the dressings were removed. The lower part of the wound had a sloughy appearance, but a large portion had united, and the man seemed to be doing well. About ten o'clock of the same evening a change for the worse took place—next day symptoms of sinking came on, and 6 P. M. he died. On examination of the body, no visceral disease could be detected. The soft parts about the shoulder had a dark gangrenous hue, and on cutting into them, the cellular tissue was found gorged with fluid. The limb had been inspected the day after the operation. No wound of the artery or aneurism could be discovered. The vein accompanying the artery and "*running on its outer side*," had been transfixed, and given rise to all the effusion of blood between the muscles. The gangrene was merely superficial, the muscles of the fore-arm were pale, and their connecting cellular tissue filled with fluid.

Remarks. This is evidently a case of gangrene, the result of erysipelatous inflammation occurring in a drunken, irritable habit. It bears no analogy whatever with those cases of true traumatic gangrene, where alone the amputation of the limb seems to promise well. In such a case as this, the *irritation* indeed is local, but the disease is constitutional, and as sure as the knife is employed, so surely, in all human probability, will inflammation and sloughing come upon the stump, if the patient survive so long. So much for the malady, but let us look a little at the *report*. The case is headed "Wound of the Brachial Vein," but in the dissection it is said that the knife "had transfixed the vein accompanying the artery, (running on its *outer* side.") Now it is scarcely necessary to tell our readers that the brachial vein lies on the *inside* of the artery, but that two small venæ comites *accompany* the artery, one on each side. The knife entered the arm on the outside of the biceps muscle, but we are not told whether it went through the muscle, or between it and the bone. To reach the brachial (or basilic) vein it had to pass the external cutaneous nerve, (which lies immediately under the biceps,) the brachial artery and the median nerve, all which parts must have escaped scot-free, a circumstance not absolutely impossible certainly, but extremely improbable. But the reporter stultifies his own case, for he mentions that the vein lay on the *outside* of the artery. Now no vein whatever, as we stated before, lies on the outside of the artery, save the small vena comes which is bound up in the same sheath with it, and which it would be next to an impossibility to wound *alone*. But it appears to us, that there was an artery wounded after all. The vessel did not bleed much at first, but by secondary hæmorrhage, the man lost "half a gallon" of blood, "of a *red* colour." The wound closed, but very extensive effusion of blood took place in the limb. Are not these the common symptoms of a wounded artery? Is it likely that the puncture of one of the venæ comites should be followed by consequences like this? Is it not more likely that if not the brachial artery, at least one of its large muscular branches was wounded? Both anatomy and the symptoms *seem* to say—Yes! Be this, however, as it may, the report of the case is sadly confused and jumbled; indeed we would caution the Lancet how it meddles with aneurism; a disease which seems doomed for ever to be a tripping block to our contemporary.

Wound of the Knee-Joint. W. P. a cooper, æt. 19, whilst at work, about the middle of May, wounded the inside of the right knee-joint with an axe. There was a good deal of bleeding, but as far as he could tell, no discharge of synovia. Strapping and a bandage were applied, but in two or three days, he observed a considerable quantity of "joint oil" flowing from the part. He now came to Guy's Hospital as an out patient, and was doing well, when he met with a fall, which brought on much inflammation, &c. By dint of leeches, lotions, and rest, this was

greatly subdued, and on the 20th June, he entered the hospital under the care of Mr. Key. At this time the joint was much swollen, and very painful on motion, and on moving the patella, a grating sensation was distinguished. On the inside of the patella was a wound, half an inch long, filled with florid and elevated granulations, and having apparently at that time no communication with the joint. Pulse quick—tongue furred. *Hirud* xx.—*colocynth and calomel—a small poultice.* Next day, lint was applied to the wound, and a bandage kept constantly wet with spirit lotion, applied to the limb, which was laid on its outer side, and supported on pillows. Saline draught containing ½ of a grain of tartar emetic three times a day. The fluid became gradually absorbed, and on the 8th July, the joint was of its natural size, and motion performed with ease. The wound had not quite healed.

This brief case shows of what importance rest is in the management of inflamed or diseased joints. A man may leech and lotion, and bandage as much as he will, but as long as the patient is gadding about, so long will all this treatment be labour in vain. If, however, you put that patient in bed, and keep the joint perfectly quiet by means of a roller, you will have done more towards his cure in ten days, than, under the former circumstances, you would probably have done in the same number of months. We shall on some future occasion enter into this subject more fully.

Simple Chronic Enlargement of the Testicle. We are confident that many testicles are extirpated in this country, and more especially on the continent, for that affection termed by Sir. A. Cooper "chronic enlargement," which is entirely under the influence of mercury. The following case shows the powers of this mineral over the disease.

C. S. æt. 21, entered Guy's Hospital, under Mr. Key, on the 20th June, with the left testicle six times as large as natural. The enlargement was flattened and very hard at the sides, not so firm in front, where the skin, which was not at all discoloured, had become adherent to it. The epididymas was enlarged and hardened, as also was the chord. There was a throbbing pain in the part and in the left thigh. He stated that he had been affected with a purulent discharge from the urethra for several weeks, that, during this time, the swelling had commenced, and had gone on increasing, in spite of leeches, up to his admission. He was cupped, and took a saline draught with tartar emetic. Next day he was put upon calomel and opium. In the course of ten days, ptyalism supervened, and on the 9th July, little more than three weeks from the time of his entrance into hospital, there remained only a little hardness of the chord and epididymis.

No. 204, July 28th. } *Chloride of Lime in Phagedæna Gangrenosa.*

This application has been tried in a case of sloughing phagedæna at Bartholomew's, and apparently with good effect. A girl was admitted with a sore on the left labium, which included a great part of the perineum, and was covered with a dark brown slough. The discharge was highly fetid. There was a dusky-looking circle of inflammation around—the cellular texture was puffy, and there was excessive pain. The concentrated acid was applied, and a grain of opium administered. Next day there was less general disturbance; the sore had deepened at its lower part, but the discharge was less fetid. The acid was applied a second and third time but with little good effect. The chloride of lime was now tried, and by the next day there was less irritability, and the ulcer had lost its sloughy character. Mr. Vincent not liking, it seems, to "let well alone," now applied an opium lotion, with salines internally, which had a decidedly bad effect upon the sore. The chloride of lime was resumed, and from that time the girl has been doing well.

Prurigo cured by Colchicum. A man æt. 70, and upwards, was admitted with the disease in its inveterate form. Dr. Elliotson gave half a drachm of the wine of colchicum ter die This the patient took for three weeks, at the end of which time he was dismissed cured.

Compound Fracture of the Lower Jaw. W. E. was admitted into St. Thomas's, on the 24th June, a carriage wheel having passed over his face. The lower jaw was broken at the left angle, and about an inch to the right of the symphysis, where the bone was so much driven in and impacted

that no crepitas could be felt. Over the fracture at the angle, there was a lacerated wound, the edges of which had been brought together by sutures. The parts around were swollen—much offensive discharge—but no constitutional excitement. Upon this case Mr. Green delivered a Clinical Lecture.* He observed that pressure by tight bandages, &c. in the present instance was out of the question; for even in simple fracture, where there is no swelling, no disturbance, it is very difficult to keep the parts in apposition. The indication, then, was to give rest and allay inflammation. The patient, therefore, was fed on diluents, and not allowed to talk, whilst, at the same time, a poultice was applied to the wound, and a dose of castor oil exhibited. On the 29th, the discharge was healthy, and the swelling reduced, circumstances which seemed favourable for attempting union, but, as there was much thickening of the soft parts, together with the swelling of the gums, the result of inflammation, Mr. G. preferred making the attempt gradually and without violence. The teeth were brought together with silk, a compress put under the jaw, and long straps of adhesive plaster applied from under the chin to the temple, with a poultice over all. With the aid of some castor oil, all went on well, and on the 4th, (July) the swelling having subsided, more forcible attempts were made to bring the parts into apposition, but with only partial success. Silver wire was substituted for the silk in fastening the teeth. The patient has gone on well, and the wound is now healed.

Affections of the Knee-Joint. The profession may now keep jubilee, seeing what a treasure they have found in the reporter from Panton Square, where, as one of the Scotch correspondents of the Lancet justly remarks, "surgery flourisheth like a rose in the wilderness." The young gentleman takes the knee-joint under his special protection, and some *might* say that—

> "His speech is a good sample, on the whole,
> Of rhetoric, which the learn'd call *rigmarole*."

He sets out, à la Horace, by declaring with an air of importance, which would do no disgrace to my Lord Grizzle, that no class of diseases require "more discrimination," "greater practical knowledge," "closer investigation, more *impartial* consideration, &c. than those on which he intends to enlighten us; and if this be true of joints in general, it must, of course, be so, à fortiori, of the knee. In this country, says he, they know nothing whatever, of diseases of the joints; not a syllable! Xavier Bichât was the man! He *would* have become acquainted with them "*had* he lived," but unluckily he died, and so, of course, was unable to tell us "all about it." However, although Bichât had passed from the scene before he could investigate these affections, yet all who have written on the subject in this country have copied from him! Some people have an idea that Mr. Brodie has written not a bad book on diseases of the joints, but, save the mark! our reporter undeceives them in a twinkling. Mr. Brodie write a good book! Pooh! "his ill-gotten fame *lasted only*" till the steamers began to ply between Dover and Calais, and then, when the Cockneys could take a peep at Paris, this poor gentleman's "ill-gotten fame" went out like the snuff of a candle! This is sad news, but the profession must not take it too much to heart, for, although we are little better than so many ignoramuses at present, we rejoice to add, that we shall soon be thoroughly enlightened, as our reporter means to take up the subject *himself*, and, in the present and future numbers of the Lancet, to illustrate it fully. He accordingly commences the good work by detailing, what? Why, nothing more nor less than a couple of cases of "housemaid's knee," and one of that exceedingly rare disease, synovial inflammation of the joint! Ah! Mr. Brodie, Mr. Brodie, hide thy diminished head!

* We are glad to perceive that the practice of giving Clinical Lectures is becoming so general at the Borough Hospitals We conceive that every surgeon, who partakes of the emoluments and advantages derived from public institutions, owes it to the pupils whose money he pockets, to make them some return in kind. Every surgeon, we repeat, ought to make the more important cases which fall to his charge, the subjects of clinical instruction. If, through obstinacy or incompetency, he refuse to do this, the sooner he is out of that hospital, on which he is but an incubus, the better.

No. 205, *Aug. 4th.* — *Ulcer of the Tongue.*

This is an interesting case. G. R. æt. 27, entered St. Thomas's, July 5th, under Mr. Travers, with an ulcer at the apex of the tongue, but more to the right than left side of it. It was larger than a shilling piece, its surface devoid of granulations, edges irregular and elevated. Four months previous to his admission he had a sore on the penis, for which he took mercury; about six weeks after this he had sore throat and eruptions, took mercury again, and got well; but, about three weeks ago, the sore on the tongue commenced. Mr. T. ordered extr. sarsapar. ℥ij. Decoct. sarsapar. ℥xij. Acid. nit. dilut. ℥j. Tinct. hyosciam. ℥j. A third part of the mixture thrice a day. Pil. hydr. submur. gr. v. Opii, gr ½, at bedtime. Linimentum æruginis to the ulcer. Under this treatment, with the application, subsequently, of a solution of lunar caustic, the sore rapidly improved, and, on the 26th, he was made an out patient, the sore being no more than half its original size.

Sloughing Chancre. M. I. æt. 22, not unhealthy looking, a prostitute, entered Bartholomew's, under Mr. Lawrence, *April 14th*, with a gangrenous sore, the size of a half-crown, at the orifice of the vagina. The surface was covered with a dark ragged slough, the discharge sanious and offensive; there was an inflammatory blush around, with acute burning pain in the parts; countenance anxious; much febrile excitement. The disease had commenced three weeks previously as a small hard pimple, which, in two days, ulcerated, when she applied to a dispensary, where she obtained some pills, one to be taken every night, with black wash for the sore. This, however, gradually spread, and became more painful, and she took six pills, with no effect. Four days before her admission, the chancre suddenly became much worse, extended rapidly, with violent pain, became foul and unhealthy, and the glands in the groin became enlarged. Mr. Lawrence hesitated, whether, in this case, he should induce a rapid ptyalism, or give anodynes; after some hesitation he decided for the latter. A lotion of equal parts of the liq. op. sedativ. and distilled water, was kept constantly applied, whilst five grains of the soap and opium pill were taken every six hours, with senna and salts to open the bowels. Next day the discharge was less offensive, the angry inflammation around diminished. *Pergat.* From this time she quickly recovered, and has left the hospital.

We think that Mr. Lawrence did very wisely in perfering the anodyne plan of treatment. The girl had been taking mercury, not very effectively, we own, but still she had been taking it, and, under its use, the chancre was spreading, the constitution beginning to suffer. Is it likely that, under these circumstances, the sore being dark and sloughy, with an angry inflammation around, and a good deal of "febrile excitement," large doses of mercury would have been of service? The anodyne treatment seems to have been clearly indicated, and its success amply justified its employment.

Fatal Wound of the Larynx. A middle-aged man had attempted suicide, and was brought into St. Thomas's Hospital in a state of collapse, on the evening of the *14th July*. The wound in his throat had been stitched up by a surgeon in the neighbourhood of Peckham, and the stitches were removed by the house surgeon of the hospital, in consequence of the impeded respiration. The thyroid and cricoid cartilages were found to be wounded—the breathing was immediately relieved. On the following day, in the attempt to administer some gruel, "it was said to have escaped by the wound, which, led to the supposition of there being a wound of the œsophagus." The poor man lingered a week, and then died. On dissection, the wounds of the thyroid and cricoid cartilages were found as beforementioned; but nothing could be discovered as to the immediate cause of death. Then come the Italics and the notes of admiration of the sapient reporter. "*The œsophagus was sound throughout!* The opening through which the gruel passed *must, therefore,* have healed!" It would be exceedingly to his advantage, if the Borough-Hospital reporter trusted to his perceptions, and never gave vent to his own reflections. He may report an event that passes before his eyes correctly, as far as we know; but whenever he makes a remark, he brings forth a piece of nonsense. Did this acute anatomist not know that there was a *natural* communication between the mouth and the wound in the

larynx, through which the drop of gruel might have escaped—if it did escape at all—without having recourse to the ridiculous supposition, that the œsophagus had been laid open, and healed in a few days? Did this oaf never happen to take a gulph of fluid down the *wrong way*, while at dinner, and then make it fly over his neighbours at the table? If this accident had happened to him, he would have been able to account for the phenomenon in the above case, without exposing himself to be laughed at for the absurdity of his remarks.

No. 206. *Aug.* 11*th.* — *Lythotomy fatal.*

J. S. a countryman, æt. 57, entered Guy's, July 14th, under Mr. Key, with symptoms of stone, of considerable standing. A sound was passed, and a calculus readily detected; his health had lately become disturbed, but his appearance, on the whole, was good. On the 24*th*, Mr. Key operated with the knife and straight staff; an artery, apparently that of the bulb, being divided, was secured by ligatures, and a stone, about the size of a halfpenny, extracted without difficulty. 26*th*. Much uneasiness about the stomach and bowels, which was attributed to flatulence, as the patient had suffered from this previously. Castor oil was given, and copious motions obtained. 27*th*. Abdomen very tympanitic—frequent eructations—pain and uneasiness of the bowels—respiration hurried—pulse moderate, but intermitting at every fifth or sixth beat. Has passed offensive fluid motions, and vomited once, the matters being mixed with much bile. *Hydr. c. cretâ, gr.* iij. *Conf. Opii, gr.* v. *4tis horis.* 28*th*. Abdomen less distended—purging—countenance anxious—hiccup. *Leeches to the abdomen—medicines to be continued.* 30*th*. Yesterday morning, hæmorrhage, to six or eight ounces, took place from the wound, and was stopped by pressure; but, in a few hours, a second small bleeding took place. In the evening he rallied a little, but this morning the bowels are loose—the pulse feeble—skin cold. *Amm. subcarb. gr.* v. *Camph. gr.* iij. *Opii, gr,* j. *statim.* He continued, however, to sink, and died in the evening of *Aug.* 1*st*.

Dissection. No inflammation of the peritoneum, or cellular membrane posterior to the bladder. The viscera have an ecchymosed appearance, and the cellular tissue is lax, and readily torn. Muscular substance of the left ventricle considerably thickened, with here and there deposits of a yellow colour; loose edges of the mitral valve converted into a hard ligamentous substance. Mucous membrane of the stomach and bowels rather vascular, as was that of the bladder; cortical portion of the kidneys mottled and easily broken down.

Remarks. It is abundantly evident that this patient died of the shock given to the constitution by the operation, somewhat aided perhaps, by the subsequent hæmorrhage, small in quantity though it was. The symptoms throughout were not those of inflammation, but of depression, and it may admit of doubt whether support to the system might not have been substituted, with advantage, for the leeches which were employed. We have one remark to make upon the intermissions of the pulse. We are confident that this is not so untoward a symptom as some imagine, for we have again and again seen the pulse intermit after operations, and the patient do remarkably well notwithstanding. It may certainly depend at times, upon organic disease of the heart, but in very many cases we are sure it does no such thing. As the cause of death after lythotomy is a question both of great interest and importance to the surgeon, we shall here introduce a case which occurred some short time ago at St. George's Hospital.

Case. T. Hollamby, æt. 65, a stout hale-looking countryman, entered St. George's under Mr. Brodie, May 9th, 1827, with all the symptoms of calculus in the bladder, on sounding which the stone was readily discovered. He had first begun to suffer from the pain in making water, &c. about a twelvemonth ago, and was affected with an old rupture on the right side, and hydrocele to boot. On the 31st, the lateral operation was performed. The perineum was exceedingly deep, the stone small and impacted behind the prostate, so that considerable difficulty was experienced in its extraction. Next day he was pretty comfortable, but on the evening of the 2nd June he became restless and anxious, and the pulse got frequent. *Haust. sennæ,* ℥ij. *statim. H. Salin. Vin. Ant. Tart.* ℥ xx—*6tis Horis.* On the 3d, the

belly was rather tumid and tender on pressure, the pulse quick and intermitting about every 8th or 10th beat. The bowels had been opened. 4th. Much the same—manner quick and anxious—"beef-steak tongue." 3rd. Delirious last night, and rather light-headed to-day—pain on pressing the abdomen greater—pain in the right hand and wrist, with occasionally a degree of tremor over the body—pulse quick and intermitting—tongue dry and furred—urine to-day does not flow so freely from the wound. The finger was now passed up the rectum as high as it would reach, whilst into the wound in perineo a probe-pointed bistoury, having a sliding sharp-pointed blade concealed in it, was introduced. When the probe-end had reached the cellular membrane at the neck of the bladder, the sharp part was pushed forwards, and the point laid open into the rectum, by cutting upon the finger in the gut. This was intended to give a free discharge to any matter which might have formed in the vicinity of the bladder, a circumstance not uncommon in patients with a deep perineum. The posterior part of the scrotum being swollen an incision was made into it, and vent given to some matter in the cellular membrane. An opening which had been made yesterday, more anteriorly, was next enlarged, but here the cellular membrane contained not pus, but serum. Some vessels were divided, and easily secured. 6th. The patient had not rallied since the operation, and at 5 o'clock this morning, he died. The urine had always flowed freely from the wound, except on the 5th, as has been mentioned.

Dissection. In the cellular membrane between the prostate and rectum, and towards the left side was a pouch, the size of an egg, containg grumous and putrid blood, the cellular texture in the neighbourhood being in a sloughy state. A little below this sack was the opening into the rectum, in which there was also some putrid blood. The cut in the prostate was rather small, the gland not being by any means divided across. Nothing further of any consequence was observed about the body.

Remarks. There is a great similarity between this case and the preceding, the lodgement of blood in the cellular tissue around the prostate, constituting the only difference. Whether the symptoms in the latter case were mainly referable to this cause, is, we imagine, problematical, for they bore a very close resemblance indeed to those which occasionally supervene on the greater operations, and are comonly referred to the shock given to the system. The incision of the prostate was small; this we know is recommended by high authority in the profession, for by a small incision, it is said, we in a great measure avoid hœmorrhage. It may be so; but if the cut in the prostate be confined, so must be that in the cellular membrane immediately behind it, and this we should humbly conceive, would rather prevent the free escape, and, by consequence, favour the extravasation of urine or blood as the case may be.

Aneurism of the Innominata and Subclavian. The following case was reported in a late Number from Panton-square. Julia Barclay, married, æt. 28, came with a large pulsating tumour, situated in the course of the innominata, reaching above the sternum, extending a good deal along the clavicle, which is a good deal elevated, and involving apparently a portion of the subclavian. The pulsations were strong and distressing: circulation through the right carotid and axillary arteries unimpeded, little dyspnœa, cough, or pain; no palpitation, or other symptoms of disease of the heart, aorta, or lungs. The complaint commenced some months ago after a *bruise*, and has since increased with alarming rapidity. This was the whole of the case as reported, and it certainly looked more like a case of abscess, enlarged gland, or other tumour, than aneurism. A healthy woman of *twenty-eight* gets a bruise on her shoulder; a swelling forms there; and proceeds rapidly, without occasioning cough, pain, or dyspnœa, and without any symptoms of disease of the heart. Does this look like aneurism? We thought not; and shortly afterwards, hearing that the woman was in the Westminster Hospital, we went to see the case and satisfy our doubts as to its nature.

The woman, instead of being twenty-eight, said that she was between 32 and 33, and *looked* older than that. She had been accustomed for many years to work hard, and had that peculiar worn, and

aneurismal expression of countenance, which it is not, in general, difficult to recognize, though exceedingly so to describe. The complaint originated not from a bruise, but severe strain. The tumour had, as described, thrown up the clavicle and sternum too, but it was not particularly large, and on examination, the pulsatory thrill was so distinct, and so immediately beneath the fingers, as to point out at once an inordinate dilatation of the vessel, rather than an aneurismal sac built up with layers of coagulum. On applying the hand to the subclavian of the other side, the pulsation was violent and "whizzing," giving the idea of a dilatation of this vessel also. Examination by the stethoscope showed hypertrophy of the heart, and probably dilatation of the aorta. The reporter of the case in the Lancet, jumps to the conclusion, that the subclavian, or carotid, or both should be tied; after the details which have been given by us above, it is obvious that any operation of the kind would be useless or worse.

ANEURISM OF THE ARTERIA INNOMINATA.*

Mr. Wardrop has applied the principle of "ligature beyond the tumour" to aneurism of the innominata. This is a bold step certainly, we only hope that it may prove as fortunate; but we shall reserve what remarks we have to make, until we have laid an abstract of the case before our readers.

Mrs. A. æt. 45, presented on the right side of the neck an unnatural throbbing, which, on examination, was found to be owing to a pulsating tumour, the size of a turkey's egg, its base situated beneath the upper part of the sternum, and its apex rising on the inner side of the sterno-mastoid muscle. The pulsations were strong and synchronous with those of the heart—though compressible, it could not be entirely emptied, and the firmest pressure on it diminished, but did not arrest the circulation through the subclavian. This side of the neck was much less plump than the other, which in the situation of the sterno-mastoideus was more prominent than natural. No pulsation in any of the branches of the *right* carotid; very vigorous in those of the *left*. The trunk of the right carotid did pulsate very perceptibly, but this appeared to be from the impulse communicated by the tumour. Examination by percussion and the stethoscope discovered the *bruit de soufflet* for a confined space under the clavicular edge of the sterno cleido, but no other disease in the chest. She was subject to severe pains in the *left* side of the head and neck, with a disagreeable swelling in the tumour. She had at times *great dyspnœa, increased on the slightest motion, almost to suffocation*, and obliging her to use a high pillow. Nights restless and disturbed, the patient sleeping but for a short time, and being often obliged to get out of bed. Aspect anxious, pale and sallow; great loss of flesh; pulse frequent, full, and throbbing.

"The disease had commenced eleven months previously, with difficulty of respiration, cough, and severe pain in the chest, head, and neck." Five months afterwards, she accidentally observed, a throbbing tumour above the sternum, which in three months had decidedly increased. She was put upon digitalis, frequent small bleedings, low diet, and perfect rest, with temporary good effect, but during the last three weeks, the increase of the tumour, as well as of the dyspnœa, cough, &c. had been rapid, and within a few days the apex of the swelling had become painful. Pressure to the humeral artery was applied, but the patient could not bear it for any time. Mr. Wardrop, considering, under these circumstances, that medical treatment was pretty hopeless, and taking into the account the apparent obliteration of the carotid, determined on tying the subclavian artery. Accordingly on the 6th of July this was done.

It is scarcely necessary to go over the steps of the operation, but we may mention, that great advantage was derived from placing a semi-cylindrical block of wood under the patient's neck—that two incisions were made through the integuments, one parallel to the clavicle, four inches in length, and the other parallel with and immediately above the edge of the clavicular portion of the sterno-mastoid, that instead of dissecting back successively skin and platysma myoides, and cervical fascia, these parts were cut through at once, and the incision carried

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* Case where the subclavian artery was tied in an aneurism of the arteria innominata. By James Wardrop, Esq. &c. &c.—*Lancet*, No. 202.

as deep as the fibres of the sterno-cleido, thus exposing the supra-clavicular space, and dividing but once the numerous veins and arteries that lie here, the bleeding from which was inconsiderable. The operation was completed with a blunt edged silver knife, and seems to have been performed by Mr Wardrop with his accustomed dexterity and despatch. The pulse at the wrist ceased immediately, and there was great relief to the breathing, which for the preceding twenty-four hours had been unusually difficult. The head also was relieved, and though the size of the tumour was not perceptibly diminished, the strength of the beating was. In twenty four hours, a slight pulsation appeared at the wrist, and has since continued. The arm did not become either numb or cold, and by the 12th July, the date of report, she had not experienced any pain in the wound, which was discharging a little pus—there had been no febrile excitement—the relief both to the breathing and pulsation had been permanent, and in short she was going on extremely well.

In No. 206 of the Lancet, the case is followed up. The patient has gone on uniformly well, the wound united almost entirely by the first intention, and on the 22d day, the ligature came away. The tumour is much diminished in size—she has no pain in the head, cough, or dyspnea, and she can ascend stairs with comparative ease. The patient is at present in the country for the re-establishment of her health, but proposes returning to town in the course of two months, when Mr W. promises us the further details of the case. We forgot to mention that on the ninth day after the operation, a pulsation appeared in the right carotid artery giving rise to a variety of conjectures, which seem to us any thing but plausible.

Remarks. We have now to make a comment or two on this case, though it may appear somewhat daring in us, who are but little men attempting to break a lance with a gentleman of the *calibre* of Mr. Wardrop.

We do venture to prognosticate then that this is another case of dilatation only of the artery, and further, that this dilatation is, in all probability, not confined to the innominata, but implicates the arch of the aorta, if the heart itself be free from disease. What were the first symptoms experienced by the patient? Why "difficulty of respiration——cough—and severe pains in the chest, head, and neck," all which obtained for full six months before the appearance of any local swelling or pulsation. Are these the symptoms of incipient aneurism of the innominata and of that *only*? The answer we imagine is obvious. But passing by the *history* of the complaint altogether, let us look at the patient as she presented herself to Mr. Wardrop. There was a pulsating tumour, the size of a turkey's egg in the right side of the neck, which *could be nearly emptied of its contents by pressure.* With this tumour, no larger than a turkey's egg, the patient's health was suffering greatly—the countenance was sallow, anxious—the nights sleepless—the dyspnœa such as to threaten suffocation, even on the slightest motion. Are not all this distress and dyspnœa quite out of proportion to the size of the tumour? We think there can be no question about it. We asserted that the tumour was not a *true* aneurism, and for this reason, that it was so far compressible as to admit of being nearly, though, (of course, considering the deep situation of the vessel) not entirely emptied of its contents. It is unnecessary to state, that if it were bonâ fide an aneurismal sac, built up with layers of coagulum and fibrine, this could not be the case to any such extent; besides, the history, progress, and general characters of the case, bear an exact resemblance to those dilatations of the large vessels, particularly the aorta, innominata, and carotids, which are so frequently met with in elderly females.

It may be said, "then the operation was not justifiable?" but softly, "my masters," we are not so sure of that. Here is an old lady, suffering excessively, and affected with a disease which must, sooner or later, run on to her destruction. She has horrible dyspnœa, which, though not entirely dependent on, is evidently kept up by, the local tumour. Under these circumstances, it becomes a question, and a very fair one, whether you shall not give her present relief by an operation, though you should ultimately fail, or even accelerate her fate. We are not as averse as some are, to desperate remedies; and if the pros and cons be *fairly* stated to a patient, and he or she wish that "something should be done,"

we know of no good reason why a surgeon should refuse to do that "something." This, however, is a delicate point, and we leave it to abler heads and *hands* to decide.

This paper was just in the hands of the printer, when we noticed a direct confirmation of the opinions it expressed, in a letter from Dr. Barry to Mr. Wardrop, published in No. 208 of the Lancet. Dr. B. was requested by Mr. W. to see the patient, which he did, at her own house, on the forenoon of the 6th ult. in the presence of her husband. The results of his examination, by the stethoscope and otherwise, are communicated in the above-mentioned letter. We cannot insert more than the Doctor's *diagnosis* and *prognosis*, which we shall give in his own words.

"*Diagnosis.*—From the impulse felt under and below the right clavicle, and from its absence in the præcordial regions, the impelled body must be situated above the base of the heart. From the situation of the tumour, from the results afforded by percussion, the arteria innominata must be considerably dilated. From the wheezing, (rale sibilante,) from the impulse synchronous with the pulse, from the '*bruit de scie*,' the aorta within the pericardium, and at its arch, is most probably dilated, and presses upon some of the bronchi. The regularity of the motions of the heart, and the total absence of palpitations, would seem to show that the valves are perfect. From the increased size of the left carotid, and from the absence of pulsation in the right, I would say that the former is uniformly dilated, and the latter obliterated, or nearly so.

"*Prognosis.*—From all the above considerations, and from others not strictly mechanical, I would say that this case must terminate fatally, but perhaps at a very distant period, and that no operation on the *right carotid* can be of service." 656.

Here, then, we see that Dr. Barry has confirmed, by the stethoscope, what we had only surmised from the history and symptoms; to wit, that the innominata is dilated, and that the aorta, within the pericardium, and at its arch, is probably dilated also. Want of space compels us to defer the consideration of the operation itself, ligature of the subsclavian, to some future opportunity.

Wound of the Throat—Death by Syncope. A case is reported in No. 208 of the Lancet, from Bartholomew's Hospital, which is calculated to excite some unpleasant sensations. A man had attempted suicide, but the wound of the throat glanced in between the epiglottis and rima glottidis, so that, in fact, the larynx was not opened at all, though it is called by the reporter, "*a large transverse opening in the larynx!!*" But let that pass. The man had wounded himself in the arm also, and on this wound, erysipelas supervened. In the course of a fortnight, Mr. Lawrence deemed it necessary to make two incisions in the fore-arm, "*extending nearly the length of the limb.*" Blood, to the amount of 20 ounces flowed from these incisions, when syncope took place, from which the patient never recovered! Mr. Lawrence observed to the pupils, that "the fatal event of this case was one of those unusual occurrences, which neither the circumstances of the patient before, nor the examination after death, could elucidate." This may be true—and Mr. L. may be right in saying that he would "adopt exactly the same practice in another similar case." But would Mr. Lawrence allow blood to flow from incisions made in an erysipelatous limb till syncope took place? We rather think he would not, from an expression which incidentally appears on the record. "But he conceived that the present instance would suggest the *salutary caution* of attending closely to the state of the circulation on these occasions." Now this "*salutary caution*" either *was* or was *not* taken. If it was taken, the event shows that it was not efficacious, and, consequently, that the practice was dangerous. If it *was not* taken, the fair inference is, that the patient's death was occasioned by the syncope, which should have been prevented if possible. Utrum horum mavis accipe.

We would just suggest, that the circumstance of erysipelas being present in a patient, ought to prove a check to our proceeding to such lengths in depletion, whether from a vein or incisions, as to induce syncope. The latter taking place in the *horizontal* position, is a formidable phenomena at all times—and especially in a patient labouring under erysipelas, and all that mental depression and nervous irritation which generally attend the act of suicide.

PRIZE HOSPITAL REPORT,

No. III.

MR. FEREDAY,

BARTHOLOMEW'S HOSPITAL.

CASES OF PHLEBITIS.

Mr. Abernethy* has observed, that he has not seen an instance of inflammation of the vein, consequent on venesection, which proceeded to suppuration. Such diseases must, consequently, be rare; and it is singular that no less than three cases should have been admitted into this hospital during the space of two months, under the care of Mr. Lawrence. The following is a detailed account of them.

Case 1. Sophia Branclin, æt. 25, had married at the age of 15, and since that time had been in the habit of drinking freely,—more particularly spirits. Whilst crossing a street, six days ago, she was knocked down by a cart, and, on account of some bruises which she received, was bled next day, from the left median basilic vein. She kept her arm in a sling the remainder of the day, and returned to her usual occupation of weaving the following morning, which required very considerable exertion of her arm. Towards evening the arm felt stiff and painful, and the bandage tight. Next day (Wednesday) she continued working, which produced a sensible aggravation of all the symptoms; and on Thursday and Friday was incapable of using the arm, which she poulticed; and, as she felt herself very unwell, came to the hospital the following morning.

She was admitted the 2d December, when the following symptoms were observed:—The arm, for some distance above and below the elbow-joint, is swelled, hard, red, and very painful on pressure. The wound in the vein has a small crust over it. The face is pale and anxious; the skin hot and dry; pulse full, incompressible, and 120; tongue white and moist; great thirst, no appetite; bowels well open, from some medicines she took the day before.

V. S. ad ℥xvj. vel. ℥xx. hirudines xx. brachio, vespere. Fomentatio contr. brachio appl. Cal. gr. iv. jalapæ, gr. xij. statim sum. Mistura ammon. acetatis, (liquoris ammonia acet. ℥ij. aquæ, ℥vj.) cum liq. ant. tartarizati, ℥ss. sextis horis sum.

She fainted when sixteen ounces of blood had flowed, which was much cupped and buffed.

December 3d. In the evening she felt relieved, and was less feverish. She passed a very restless night, and has slept very little, owing to the pain in her arm. The skin is very hot; respiration hurried, and she moans a great deal; pulse small, and 140; bowels open. She complains of pain in the abdomen, which is increased on pressure, and on a deep inspiration, which she supposes proceeds from the hurt she received from the fall, for which she was first bled.

Rep. hirudines xxx. brachio; et postea cataplasm. farin.

4th. Has had a better night, and feels easier this morning. The pulse is less frequent, and the arm is less painful; complains greatly of the epigastric region.

Hirudines xxx. epigastrio. Mist. ammon. acet. cum liq. antim. tart. ℥ss. octavis horis sumend. Cal. gr. iij. quartis horis sumend.

5th. Has slept very little, and continues moaning, without complaining of any pain. The inflammation of the arm extends towards the axilla; the pain in the

* Surgical Works, vol. ii. page 151.

epigastrium is quite gone since the application of the leeches. The tongue is white on the sides; light brown and dry in the middle. In the evening she complained of great pain in the limbs, particularly of the left knee-joint.

6th. Continues much the same; but her countenance is now pale, mixed with a tinge of yellow, and very anxious. She complains of soreness of the mouth; the inner side of the lips, &c. are covered with aphthæ.

7th. Continued very restless during the night, and got no sleep; the arm is less inflamed, and the wound in the vein discharges rather copiously; the pus, which is of the ordinary consistence, is sometimes of the usual colour, sometimes red, from the admixture of blood. A considerable quantity of this red matter issued from the vein to-day on pressure in the neighbourhood of the wound. Pulse small, and 104; tongue furred, and dry in the middle; bowels open. She complains of pain over all the body, which is particularly severe in the calves of the legs, so as to make her shrink when moved.

8th. Continued restlessness and want of sleep; countenance flushed and anxious; respiration hurried; the pains of the limbs, particularly of the calves, continue; the redness, heat, and tension of the left fore-arm rather increased; the purulent discharge from the wound continues; the tongue is less dry; the bowels have been kept continually open by the calomel, which seems beginning to affect her mouth.

Hirudines xxx. brachio. Cont. fomentatio. Int. cal. et mistura ammoniæ acetatis.

9th. Has been very restless during the night. Her countenance is more anxious and sallow, with a yellowish tint; the arm is better; tongue dry and brown; considerable thirst; pulse full, soft, and 100; bowels open.

Mist. ammon. acet. ℥ij. Vini sem. colchici, ℥j. ter quotidie sumend. Tinct. hyosciami, ℥j. hora somni, et rep. si opus sit.

Evening. A dose of colchicum and hyosciamus has been taken. The pulse is full and frequent; the skin warm, but moist; the tongue moist; the pains in the limbs diminished, and she feels better.

10th. Had some refreshing sleep, and is in all respects better to-day. The swelling and pain of the arm are nearly gone: thin pus still flows freely from the orifice of the arm.

11th. She slept a little in the evening, but was restless during the night, and complained much of the pains in her limbs. Her appearance is improved; the left arm is nearly of the natural size; respiration nearly natural; pulse full, soft, and 108; the tongue dry, and a little brown in the middle; thirst diminished; bowels purged.

Ten P. M. She has a paler and more anxious countenance than in the morning; the pains in the limbs, however, are much diminished. Skin is now cold; respiration laborious, and thirty in a minute; pulse small, weak, and 104. Bowels continue purged, and the abdomen painful on pressure.

12th. Has passed a more quiet night, having slept for five hours. Her countenance much altered and pale. Matter has formed under the skin of the right fore-arm, without any previous redness; two ounces of good pus evacuated by a puncture. At two other points in the same fore-arm there was an appearance of fluid presenting, but also without discoloration of integument. Painful swelling of the left knee, from effusion into the articular cavity. In the evening, her appearance was more ghastly, and her respiration was so laborious as to require her head being raised.

Cal. gr. x; opii gr. j. statim. et bis die rep.

13th. Only one dose of the calomel and opium has been taken; it caused profuse purging. She has passed a very bad night, and is much worse to-day. Her appearance is cadaverous; her eyes have lost their usual animation; respiration very laborious, and forty; pulse small, weak, and 100; mouth parched; thirst; bowels purged.

Intr. cal. et opii.—Mist. cretæ comp. ℥j. c. tinct. opii, gtt. xx. statim, et si opus sit repet.

14th. Died early in the morning.

The body was examined thirteen hours after death. The husband chose to be present at the examination, and to restrict it in point of time and extent; it was therefore hurried and imperfect. The following points were ascertained:—inflammatory condensation of the cellular

tissue of the fore-arm and arm in the inflamed part. A chain of small suppurations in the course of the blood-vessels, with white healthy pus, from below the elbow to the axilla. The basilic vein, being slit open to the axilla, was found filled with pus to the point where it joined the axillary vein, where a large coagulum, not adhering very intimately to the coats, was situated. To this point the internal surface of the basilic vein was thickened, had a rough appearance, and was of a pale yellowish colour. Beyond the coagulum in the axillary vein, other coagula were found, of a more recent formation, filling up most of the larger veins and the cavity of the heart. In other respects these vessels appeared quite natural. No diseased appearance in any of the other organs of the chest. The liver light coloured, and beginning to assume the yellow appearance produced by indulgence in spirits. The other abdominal viscera appeared sound. The mucous membrane was not examined. Neither the head nor knee-joint were allowed to be opened.

Case 2. John Carr, a strong healthy man, aged forty-seven, whilst following his occupation of smith, "strained his back," which gave him great pain. He continued working about a week, when, finding he got worse, he came to the hospital on the 2nd of January. He was bled from the median basilic vein, and experienced considerable relief at the time. Next day he returned, having been very feverish during the night, with pain in the wound of the vein, and inflammation of the surrounding cellular tissue. His face is pale and anxious; his chest painful, especially on taking a long inspiration; and his pulse full, hard, and frequent.

Hirudines xxx. brachio, et postea cataplasma panis.—Liquor. antimonii tart. ℥ss. quartis horis sumend.

January 3rd. Has passed a good night, and feels better this morning. The arm continues inflamed, and very painful on pressure. V. S. ad ℥xx. The blood is buffed and cupped, and the serum has a milky appearance.

Hirudines xx. brachio vespere, cal. gr. iv. jalapæ, gr. xij. statim.

No sensible effect produced by the antimony.

He was better in the evening; his pulmonary complaints are much relieved; and his bowels are now freely opened.

4th. Continues better. Is still purged; pulse full, hard, and 106; thirst. Dr. Wise examined the chest with the stethoscope, and found the lungs every where pervious to air; the action of the heart was distinct over a larger space than natural, and the movements of the right ventricle were strong.

Empl. lyttæ, sterno.—Mist. ammon. acet. ℥ij. 8vâ quâque horâ sumend.—Cal. gr. iv. ter die.—Venesectio ad deliquium. Syncope was produced when 20 oz. had flowed. The blood was highly cupped and buffed. He is now much purged. Int. liq. ant. tart.

5th. The swelling of the arm is increased, and the discharge from the wound considerable. The symptoms connected with the thoracic affection are nearly gone. In the evening, he had several shivering fits, and he appeared low and irritable.

Hirudines xij. brachio.

6th. Continues to sleep well. His countenance is very sallow; he is in good spirits; has no pain; pulse small, soft, and 140. The nervous irritability, which has been observed for several days, is increased this evening.

7th. He has been very thirsty during the night, and complains much of weakness this morning. Respiration natural; pulse full, soft, and 112; bowels open. There is still a hardness along the course of the inflamed vein; the redness is gone, and he has no pain. He will not take his medicines.

10th. Continues much the same; his face is paler, and it has a yellowish tinge. Respiration thirty-two, without any pain; pulse small, and 108; tongue slightly brown and dry; thirst; bowels open.

12th. Is very restless and low; says he has no pain, but that he is quite well if he had strength. The inflammation in the arm almost entirely gone near the elbow-joint, but extends towards the axilla. A considerable quantity of fetid pus, mixed with air, can be pressed from the wound in the vein.

Mist. sennæ comp. ℥iss. (Infus. sennæ comp. ℥vijss. tinct. sennæ ℥ss. magnes. sulph. ℥iss. ℔ ft. mist.) Cont. mist. ammon. et cataplasma panis ut antea.—Tincturæ hyoscyami, ℥j. horâ somni.

13th. The inflammation in the arm is extending towards the axilla, whilst it is much diminished at the bend of the arm.

14th. On the inner side of the insertion of the deltoid muscle a considerable swelling appeared, with a feel of fluctuation, without any surrounding inflammation.

15th. His countenance is still yellowish, and he complains of his great weakness.

17th. Is very restless during the night, and gets little sleep; he is more feverish this morning; great thirst; and moans much.

Mist. ammon. acet.; tinct. digitalis gtt. xv. 8vis horis sumend. empl. lyttæ sterno.

18th. Continues restless, and is very irritable this morning, which is particularly evident in coughing, when his whole body is violently shaken. The cough is dry, attended with much pain. Pulse full, soft, 86; tongue moist and brown; no thirst. There is very little discharge from the wound in the vein. The small tumour over the vein, near the insertion of the deltoid muscle, has still the natural colour of the skin; but is soft, and, as it now evidently contains a fluid, it was punctured, and a very thick, adhesive, yellowish, fetid pus was discharged. Will not take any of the medicines.

19th. Last night and to-day he complains of the pain in his side.

20th. Coughed a good deal during the night, which gave him great pain. He continues very irritable, and coughs a good deal, which is now accompanied with copious purulent expectoration. Pulse small, soft, and 104; thirst; bowels open.

23rd. The cough is a little better, and the pain in the chest is not so violent. Has no appetite; bowels open; the wound in the vein has ceased to discharge.

25th. Last night, after having drank some cold fluid, he had a severe shivering fit, and during the night had several more. He is very low this morning, and complains much of weakness. Pain on pressure over the seat of the liver; cough diminished; the arm is nearly the natural size and appearance.

27th. During the night he was very restless and irritable, and several times endeavoured to get out of bed. The weakness seems to be much increased, and he complains much of pain in the right arm. Respiration sonorous, and 68; pulse full, soft, and 120. Great thirst; cough diminished; tongue dry and brown; bowels open.

28th. Has been delirious during the night; the weakness and irritability are increased; pulse full, soft, and 136; pressure over the seat of the liver gives him pain.

29th. Continues very irritable, and speaks a good deal incoherently. This morning he appears sinking; his countenance has a pale yellowish appearance; respiration sonorous, and sixty-six; bowels well open.

30th. Great difficulty of breathing; has frequent attacks of a painful shivering fit, between which he dozes a little. He is retained with difficulty in bed; his tongue is dry and covered with a brown coat. Towards the evening, the difficulty of breathing and shivering fits increased.

He continued in much the same state until six o'clock the following morning, when he expired.

Dissection, eight hours after death. The basilic vein was exposed from the middle of the fore-arm to the axilla. A small abscess, with a smooth secreting surface, was found opposite the external wound. The median basilic and the basilic veins, for about two inches, were impervious, and reduced to a cord-like substance, like the umbilical vessels in young subjects. On following the basilic vein above this impervious portion, it was found to terminate in an oblong-shaped abscess, about two inches long, which communicated above with the basilic vein. The surface of this abscess was lined by a smooth secreting membrane: it was near the middle of this abscess that the opening had been made during life. The basilic vein beyond this abscess was rough, and covered with a false membrane for about an inch, when it terminated in a conical shaped portion of fibrin, which filled it up and adhered firmly to the coats of the vein. Immediately above this, the veins appeared healthy, where several considerable vessels poured in their blood. Recent coagula filled the other large veins and the cavities of the heart, which appeared healthy.

A few ounces of yellowish serum, mixed with flocculi, were found in the

pericardium; and several large white spots were found on the surface of the heart.

Extensive recent adhesions were found between the pleura costalis and pulmonalis. Several vomicæ were found in the lungs, which otherwise appeared healthy. A large quantity of mucus, mixed with air, was found in the bronchia.

Extensive recent adhesions were found between the upper surface of the liver and diaphragm.

The scull-cap adhered firmly to the dura mater; and, on separating them, some serum escaped. The arachnoid membrane was thicker, more opaque than natural, and was elevated by effusion of a straw-coloured fluid, mixed with serum under it; which was peculiarly evident at its posterior part. On dividing the hemispheres of the cerebrum on a level with the corpus callosum, an unusual number of bloody points were found in its substance. The lining of the ventricles was particularly evident, and they contained several ounces of a yellowish serum. The substance of the brain had its usual hardness.

Case 3. Henry Arnold, a very stout porter, fifty-one years of age, was admitted into the hospital on the 19th of January, on account of an old ulcer in the leg; which, from walking about, and intemperate habits, was then very much inflamed. Soon after admission, (with aperients, &c.) he was twice bled from the arm. After the second venesection, performed in the left cephalic vein, being very restless, the bandage was twice loosened, and he lost a quantity of blood each time.

On the 26th of January, three days after the last bleeding, he complained of the bandage on the arm being tight. It was removed, and the edges of the wound in the vein were found slightly inflamed.

28th. The arm felt easy till to-day, when he again complained of pain; a slight redness surrounds the wound, which is open. The arm was poulticed, and it felt better till the evening of the *29th*, when he had several shivering fits, followed by a state of feverishness.

30th. He appears pale this morning; his pulse is small, hard, and 120; thirst; no appetite—tongue white and moist—bowels open. The arm is swelled, particularly along the course of the cephalic vein, where the skin is red, and very sensible to the touch. The wound in the vein remains open, but there is no discharge.

R. Cal. gr. iv. Jalapæ, gr. xij. statim. V. S. ad ℥xvj. Liq. ant. tart. ℥ss; potassæ nitr. ℥ss. quartis horis sumend: Hirudines xx brachio, vespere.

31st. The arm is less inflamed this morning, and he seems better. The antimony produced great sickness, and most distressing retching.

Cont. Liq. ant. tart. ℥ij; potassæ nitr. ℥ss. quartis horis. Hirudines xxx. brachio et postea emplastrum lyttæ amplum.

Feb. 1*st.* The pain arising from the blister has prevented him from sleeping much during the night. The antimony produced distressing sickness and vomiting: to be discontinued. Pulse small, and 102—has no appetite—tongue white—bowels open.

2nd. Has slept better last night, and this morning is easier. His face has a yellowish appearance; his respiration sonorous, and twenty-six—pulse small, soft, and 124—tongue clean.

3rd. The pain along the course of the cephalic vein prevented him sleeping in the night. A little healthy pus was pressed out through the wound in the vein. In other respects, he appears to be in much the same state as yesterday.

R. Mist. ammoniæ acetatis, ℥ij. tinct. digitalis, gtt. xij. quartis horis sumend: Cal. gr. iv. sextis horis sumend.

4th. Had a shivering fit yesterday afternoon, but in the evening was better. He then complained of pain in the knee joint, which increased during the night so as to prevent him sleeping. The knee-joint and thigh are very much swollen, and very sensible on the least movement.

5th. Has had a better night, and his knee and thigh feel easier. The hardness and swelling of the arm are almost gone; it is not sensible on being pressed, and the discharge of pus from the wound in the vein has ceased. The cavity of the left knee-joint is distended with fluid, causing a prominent tumefaction above the patella; all the superficial veins are turgid, and form a network under the skin. Pulse full, soft, and one hundred and forty; great thirst; tongue white; bowels open. Has

taken four doses of digitalis, and six of calomel.

Cucurb: cruent. ad ℥xvj. genu. Cont. tinct. digitalis et cal.

6th. Has been very restless during the night, and complains of great pain in the right shoulder. The left knee and thigh have been easier since the cupping, but appear to be much in the same state as yesterday. Respiration laborious, and thirty-four; pulse hard, full, and 126; tongue white on the edges, and brown in the middle—great thirst—bowels not well open.

Mist. sennæ comp. ℥ij. statim.

7th. Has been delirious during the night; his bowels are well open, and this morning the stools have passed involuntarily. He is much lower. The left lower extremity is more swelled, particularly round the knee-joint, but he does not complain so much of the pain.—Breathing laborious, and forty-two: pulse small, and 120——great thirst——tongue brown and dry. He continued much in the same state till early next morning, when he expired.

Dissection, ten hours after death. The cellular substance of the arm was thickened, and about its middle an abscess was cut into. The cephalic vein was found to contain a considerable quantity of healthy pus, for about two inches below, and four above the wound in the vein. Beyond these points, coagula of blood were found, separating the diseased from the healthy portion of vein. The internal surface of the portion of vein filled with pus was irregular and thickened. The larger vessels appeared healthy. On the surface of the heart, a few white spots were observed.

The arachnoid membrane was of a whitish colour, more opaquethan natural, and under it a considerable effusion of serum was found in the reticulated substance of the pia mater. The ventricles contained several ounces of serum. The knee-joint contained a large quantity of pus, discoloured by the admixture of blood. The synovial membrane was thickened, and very vascular. Considerable absorption of the cartilaginous surfaces had taken place; the extremities of the femoral condyles, and the corresponding extremities of the tibia, were completely bare.

The cellular membrane covering the capsule of the joint, under the extensor muscles, was inflamed, thickened, and loaded with pus; it was in the same state throughout the whole substance of the vasti and cruralis muscles, and on their surface. Sections of these muscles presented their fasciculi, separated apparently by layers of thick yellow pus. The matter was no where collected into an abscess, but diffused throughout the cellular texture as serum is in the case of anasarca. In the rest of the limb, the cellular tissue was filled with a bright and light yellow serum. The cellular substance on the outside of the orbicular ligament of the right shoulder was filled with pus; but the cavity of the joint, and the deltoid muscles, were natural.

Remarks. It has been supposed, that phlebitis after bleeding, is produced by the employment of lancets or sponges bedewed with animal matter. In all the above cases, the lancets, as far as could be ascertained, were perfectly clean; and sponges were not employed, but lint.

In two of the cases, inflammation seemed to have been produced by motion of the arm too soon after bleeding. In the third case, the inflammation might be connected in part with a certain pre-disposition to the disease, which inflammation of the serous membrane may give; in the same manner as phlebitis frequently gives rise, during its course, to pleuritis, &c. This latter circumstance, the frequent occurrence of inflammation of several membranes supervening on phlebitis, is illustrated by the above case, and by other fatal cases of the disease which have been communicated to me. And it is still further supported by experiments upon animals, which Dr. Wise informs me he made whilst investigating the same subject.*

There are some points of similarity in the above cases; in all, the local symptoms were followed by severe inflammatory fever, and inflammation of a serous membrane. As the disease advanced, pus

* Some of these experiments were the repetition of those of other inquirers.—See Sasse de Vasorum Sang Inflammatione, Halle; and Gaspard, Journal de Physiologie, tome 2, p. 7.

was discharged by the wound in the vein or by abscesses in the cellular lesion.

As the symptoms of the internal inflammation advanced, that in the vein proceeded more slowly. The inflammatory fever was followed by symptoms of depression, which generally resembled very much those of the epidemic fever of this country.

The examination after death proved, that the local effects of the bleeding were an inflammation of the vein, and of the surrounding cellular substance; and in consequence of which, either from the structure or function of the part inflamed, inflammation of other and distant parts followed, attended with much danger to life. Such effects may be compared to fever accompanied with inflammation of the mucous membrane of the intestines, or syphilis with affection of the throat, &c.

In the treatment, our first endeavour ought to be directed to the diminution of the local inflammation by bleeding, general and local, and the other parts of the antiphlogistic treatment and regimen.

When the inflammatory fever is severe, the most powerful antiphlogistic remedies ought to be employed, as large general bleeding; after which grain doses of the tartrate of antimony, repeated every two or four hours, and its action kept up for a considerable time. By following this plan of treatment, I have known two very severe cases of phlebitis cured. It may become a question, seeing the frequent fatality of the disease, whether it might not be adviseable to adopt the plan of dividing the vein transversely, as high up the arm as possible, and that at an early stage of the disease. By dividing the vein, the continuity of surface between the diseased parts and the heart is destroyed, when its effects will not be much different, most probably, from those of a common abscess. Even when the constitutional symptoms have been present for a considerable time, we ought to divide the diseased vein as high up as possible; by which the local cause will not keep up the constitutional effect.

Provided the inflammation exist to an extent only capable of producing the adhesive process, a slight degree of pressure on the vein above the wound, would probably cause the adhesion of its sides; and, by preventing the access of pus (which might subsequently be secreted) into the general circulating mass, cut short the progress of the disease; leaving only an impervious state of the vessel.

A gentleman from the United States informs me, that a very successful practice adopted in that quarter of the globe, consists in the application of a large blister to the affected part in the early stage of the disease, extending, in either direction, three or four inches beyond the inflamed vessel. It was first recommended by Dr. Physick of Philadelphia.

In the latter stage of phlebitis, when the patient appears very low, tonics have been given, but generally with the worst effect. The depressed state of the system in this case seems to be produced by the severity of the inflammatory disease, which is rapidly increased by the injudicious use of tonics.

These indications of cure must be modified by the peculiar circumstances of the case, which must be left to the judgment of the practitioner.

Information upon rare and fatal cases is valuable, as tending to elucidate the subject; I therefore relate the following.

CASE OF TRAUMATIC TETANUS, SUPERVENING A SLIGHT ULCERATED WOUND OF THE FORE-FINGER.

John Cooper, æt. 32; admitted on the 22d of May, under the care of Mr. Earle. The account received from this patient is, that on the 15th May, he received a slight wound on the fore-finger of his right hand from the falling of the tail-board of his cart. He treated it very lightly, and pursued his accustomed labour until yesterday morning (21*st*) when he experienced a slight shivering, together with a degree of stiffness about the back of the neck, which rendered the motions of the head painful and difficult. Conceiving these symptoms arose only from a slight cold, he went out as usual, but returned in the afternoon exceedingly unwell. His wife was sent for about four o'clock, who found him in bed lying on his belly, and unable to turn. He complained of great pain in his back and neck, more particularly in the throat. At this time there was no trismus. The symptoms alarmed her, and she sent for medical assistance. At 8

P. M. a medical gentleman saw him, who inquired of the patient if he had received any injury. At first he was answered that he had not; but, upon recollecting himself, informed him of the slight injury he had received on the finger. The wound was examined, and found as the patient had described it, nearly well. The pulse at this time was full and hard; the spasms, which occurred about every half hour, were very severe, and there was some degree of trismus. He was immediately bled from the arm to ℥xxxvj. which produced syncope. Hydr. submur. gr. iv. opii. gr. j. 2ndâ. vel 3tiâ, quâque horâ.

The bleeding afforded some relief, feeling somewhat easier about his back and throat.

His medical attendant again saw him the next morning. He had passed a very restless night, and was evidently much worse. The spasms recurred every fifteen minutes; pulse hard and 120; trismus to a considerable degree; bowels not opened since yesterday evening. He was sent to the hospital at half-past twelve o'clock P. M., when he was found labouring under the following symptoms:—Muscles of the back and neck very rigid; pain at the root of the tongue; much difficulty in, and aversion to, swallowing; some degree of trismus; countenance expressive of very great anxiety; respiration hurried and difficult; skin, contrary to its usual state in these cases, hot and dry. Previous to the return of the spasm, he complains of a severe constrictive pain, which he refers to the bottom of the sternum, darting backward from this point to the spine, evidently in the direction of the diaphragm, which muscle is immediately afterward convulsed, and subsequently the muscles of the back and trunk. These increasing at times produced opisthotonos. Pulse full, hard, and 120; tongue could not be examined.

Hydrargyri submuriatis, gr. iij. jalapæ, gr. xij.; 2dâ quâque horâ. Misturæ sennæ comp. ℥viij. olei ricini sp. terebinthinæ, aa ℥j. ℔ ft. enema, statim injiciendum.

Two o'clock A. M. Spasms more frequent; complains of pain all over his body.

C. C. ad ℥xl. nuchæ et dorso.

Was convulsed three times during the operation. The cupping has had a decided effect; the pulse is quick and fluttering; the whole body in a profuse cold perspiration; spasms not so frequent; says he feels a little better; bowels obstinately costive. The catheter was introduced, and about a quart of high-coloured urine drawn off.

Cont. cal. et. jalap. omni horâ—Rep. enema.

Four o'clock A. M. The spasms have returned with renewed force; has great aversion to take his medicines; complains greatly of his throat, and feels as if he should be suffocated; the mental faculties are entire; bowels not opened; pulse small, irregular, and 140.

Cont. cal. et jalap.—Rep. enema.

Five o'clock A. M. Spasms general and violent; pulse irregular, and not to be counted; respiration greatly affected; is convulsed every five minutes; bowels have not been opened. He lingered until six o'clock, and then expired in a convulsion which lasted two minutes.

Sectio cadaveris—24 hours after death.—The dura-matter was healthy, and a quantity of serum was found between the arachnoid membrane and pia-mater. The substance of the brain was more vascular than usual, and there was more fluid in the lateral ventricles than natural.

That portion of the spinal cord between the third and fifth cervical vertebræ was highly injected; but of its usual consistence. The remaining portion was perfectly healthy.

The sympathetic nerve was very carefully examined, but nothing unusual was observed.

The mucous membrane lining the œsophagus, cardiac portion of the stomach, larynx, and bronchial tubes, was very vascular.

The heart and lungs were perfectly healthy; the blood found in the former was quite fluid.

The abdominal viscera were sound; the intestines inflated with gas; and the rectum was loaded with fæcal matter. The wound in the finger, which was not, originally, more than a quarter of an inch in extent, and which had completely cicatrized, was carefully examined, and found not to extend deeper than the integuments. It had not reached any nerve of importance, nor injured any tendon.

The radial and median nerves which

supply the finger were carefully dissected; their branches were found entire, and were not in the slightest degree inflamed.

EXCISION OF A POLYPUS FROM THE UTERUS.

Susan Squires, æt. 48, became a patient in this hospital on the 26th of February, under the care of Mr. Earle. She has been married nine years, previous to which time her health has always been good, and the uterine functions performed with great regularity. Eighteen months after marriage she was put to bed, after a protracted labour, of a dead child. About two years and a half afterwards, she was again confined, and had an easy labour. She suckled the child a year and a half, and when it quitted the breast suffered from profuse and constant floodings, which continued, more or less, for two years and a half, during which time she was treated as a case of common menorrhagia. After her health had suffered considerably she submitted to an examination, when a large polypus was discovered. She was then directed to come to this institution, where an examination detected a polypus filling the whole of the vagina; attended with a considerable discharge of thin bloody serum. Her health and strength were considerably reduced. It was determined to remove the polypus by ligature in the course of a day or two; but from some cause or other the operation was postponed; and, during this delay, it had descended to such an extent that the greater bulk of the tumour had protruded through the os externum, causing considerable pain by the dragging down of the uterus. Its size was now distinctly ascertained to be about equal to that of a child's head at birth; and it was found to be growing from the cervix uteri; for, when it had descended to its greatest extent, the cervix was distinctly observed giving origin to it. Mr. Worry, one of the house-surgeons, was called to her in the night, and found the poor patient in a complete state of syncope, from the loss of blood she had sustained. He conceived that the only remaining hope of saving her was immediately to remove the polypus by excision; and accordingly placing a ligature very tightly around its neck, detached it immediately below with a scalpel. Very little bleeding followed. Eighty drops of laudanum were administered in a little wine. The patient soon felt easy. It would be needless to give daily, or detailed accounts of the further progress of the case, as they would contain nothing but repetitions of her continued favourable progress. The ligature came away in about a fortnight; the floodings were suppressed; the pain ceased; she rapidly acquired her former health and strength; and was discharged, quite well, on the 3d of April.

FRACTURED RIBS WITH EMPHYSEMA.

Case 1. Joseph Brooks, æt. 37, was received into the hospital under the care of Mr. Earle, about seven o'clock on the evening of the 20th of March, having, about two hours before, fallen from the shaft-horse of a dray, the broad wheel of which passed over his chest. He was taken up by some men, and conveyed to an adjoining house in an exhausted and apparently lifeless state. Within half an hour of the accident he was seen by a surgeon, who bled him to ℥xx. which relieved him. He was then placed on a shutter on his back, and brought to the hospital. On his arrival he was seen by Mr. Worry, one of the house-surgeons, at which time the accident had occurred two hours. He was carefully examined, and it was found that he had received an extensive fracture of the walls of the chest. The three or four upper ribs on the left side were satisfactorily ascertained to be broken between their angles and the sternum, and one or two of them in more than one place. The middle bone of the sternum was fractured, and slightly beaten inwards. The clavicle was depressed, but not fractured. There was a slight degree of emphysema on the left side. His breathing was very difficult and laborious; his countenance pale; pulse small and 110. Upon placing the hand on the chest, the crepitus communicated, not only to the touch, but to the ear, was such as made all present who examined him, shudder. His whole appearance resembled that of a man just sinking from effusion of blood into the chest. He was, however bled

to ʒxx. which produced syncope. A wide rib-roller was placed tightly round the chest, and his head and shoulders elevated by means of pillows placed behind his back. In this state he was left; no one expecting him to survive the night.

21st. 8 *o'clock, a. m.*—To the surprise of all who had seen him the preceding night he was found still alive; having suffered much difficulty of breathing throughout the night; his pulse is 100, and stronger. The emphysema has not perceptibly increased; ordered,

V. S. ad ʒxx. Hydr. submuriatis, gr. vi. jalapæ, gr. v. quarta quaque hora, cum misturæ ammoniæ, acet. ʒiss. et liq. antimonii tart. ♏ xx.

12 *o'clock, Meridie.*—He was seen by Mr. Earle, who directed the figure of eight bandage, as usually employed for fractured clavicle, to be applied over the chest, on which was placed a large piece of wetted pasteboard; as the rib bandage could not be brought so high as effectually to confine the fractured surfaces.

9 *o'clock, p. m.*—The bowels have been freely evacuated; and he is considerably relieved. Pulse strong, full, and 108; hard dry cough.

V. S. ad ʒxxx. which produced syncope and a considerable moisture on the skin.

22nd. 8 *o'clock, a. m.*—Has had some sleep during the early part of the night, but towards the morning the cough became very troublesome. Tongue moist, and but little coated. The bowels being freely evacuated, the calomel and jalap was omitted.

10 *o'clock, p. m.*—Heat of skin increased; pulse 96 and again strong; cough troublesome, and attended with considerable wheezing.

V. S. ad ʒxvj. which produced syncope.—Emplastrum lyttæ sterno.

23rd. 8 *o'clock, a. m.*—Considerably better; has had three or four hours sleep during the night; the cough has not been so troublesome, nor is the wheezing so great; pulse 100 and much softer.

10 *o'clock, p. m.*—The pulse has increased in hardness, and the skin become hot and dry.

V. S. ad ʒxv. which produced syncope.

The blister to be dressed with the savine cerate. He has taken nothing except tea and arrow-root since his admission into the hospital.

24th. 8 *o'clock, a. m.*—In every respect better. Has had some comfortable sleep at intervals during the night. The cough less urgent, and attended with an expectoration. The blood drawn the last morning had assumed the inflammatory buffy appearance which had not been the case at the previous bleedings. Pulse soft, and 86; skin moist.

R. Misturæ ammoniæ acet. ʒiss. liquoris antimonii tart. ♏x. vini semin. colchici ♏ xv. tertia quaque hora sumend.

25th. The patient has been going on favourably, with the exception that expectoration has become very copious and of a purulent nature. The countenance, and conjunctivæ of the eyes have taken on the jaundiced appearance; the bowels purged, and the stools of a light colour.

Discontinue the mixture ordered yesterday. Pulv. ipecacuanhæ comp. gr. v. cum misturæ cretæ, ʒiss. sextis horis vel post sing. dejectiones liquidas.

26th. Much better; the bowels quiet.

27th. The expectoration still considerable, and of a purulent nature; pulse soft, and 88; tongue moist. Discontinue the chalk mixture, and Dover's powder. Ordered, misturæ camphoræ, ʒiss. tincturæ camphoræ comp. ʒj, pulveris myrrhæ, gr. x. ter in die.

28th. The jaundiced appearance still considerable. Ordered pilulæ hydrargyri, gr. iij. extracti papaveris albi, gr. v. omni nocte.

Contr. mistura cum camphora et myrrha.

29th, 30th, and *31st.* Has continued to improve. Expectoration not so great; and there is a mixture of mucus with flakes of blood.

April 3rd.—Going on well. There is every prospect of his doing well. The blister is kept open. He takes rice milk, and a little strong broth.

Pergat. mistura cum camphora et myrrha.

10th. His health is improving, and he is gradually gaining strength. The expectoration has ceased.

23rd. Discharged cured.

Case 2. John Church, æt. 44, was admitted into Rahere's ward, on the 3d

of June, under the care of Mr. Lawrence.

This patient, who is a porter, of temperate habits, fell with violence against the edge of some pavement, and thus received an injury to his side, which, upon examination, was found to consist of fracture of two or three of the middle ribs, near their angles, accompanied with an emphysema of the adjacent integuments, about a hand's breadth in extent. He complains of acute pain when any attempt is made to cough, or enlarge the chest by inspiration; pulse natural. Previous to admission, he was bled to ℥xx. A broad bandage was now applied tightly around the chest, thus rendering it immoveable.

Hydr. submuriatis, gr. iv. Jalapæ, gr. x. Mist. sennæ comp. ℥iss. post horas duas. (Milk diet.)

7 o'Clock, p. m. The pulse has become hard, and 98, and the breathing hurried; bowels freely opened.

V. S. ad ℥xxx. Misturæ ammoniæ acet. cum liquoris antimonii tart. ℥ss. sexta quaque hora.

4th. Immediate relief was obtained from the bleeding. Has slept well, and is perfectly easy this morning; no further diffusion of air perceptible.

Cont. mist. ut heri prescripta.

5th. Has gone on in every respect favourably. There has been no extension of the emphysema; no pain in the side, nor feverish symptoms.

Pergat. Mist. ammon. acet. cum liq. antimonii tart. et mistura sennæ c. pro re nata.

20th. No remains of the emphysema can be discovered. The bandage is still worn, and he is allowed to walk about the ward.

Int. mistura ammon. acet. cum. liq. antim. tart.

24th. Discharged cured.

Case 3. George Freeman, æt. 26, a brewer's wagoner, and a stout muscular man, was admitted into Rahere's back ward, on the 14th of June, under the care of Mr. Vincent.

He states that, when lowering a cask from his wagon into a cellar, by means of a rope, turned round a post, the post gave way, and the cask threw him with violence against the edge of the door-frame. On examination, fractures of two or three of the ribs, just below and a little anterior to the inferior angle of the scapula on the left side, were discovered, together with an emphysema of the adjacent integuments, in extent about equal to an octavo leaf. His breathing was not perceptibly affected, nor did he complain of pain or uneasiness, except upon motion, or an attempt to cough. A broad belt was tightly buckled around the ribs, to confine their motion.

V. S. ad ℥xx. hydrargyri submuriatis, gr. iij. Jalapæ, gr. xij. statim sumend. et mist. sennæ, c. post huras duas. (Milk diet.)

15th. Has passed a restless night; pulse hard, and increased in frequency; breathing hurried; no perceptible increase of the emphysema; the bowels have been well opened.

V. S. ad ℥xxx. Misturæ ammoniæ acetatis, ℥iss. cum liquoris antimonii tart. ℥ss. sexta quaque hora.

16th. The bleeding yesterday was followed, in a quarter of an hour, by complete relief to the breathing; the blood presented no inflammatory characters. He has slept well during the night, and is quite easy this morning. The frequency of the pulse is diminished; the bowels are well opened.

Cont. mistura salin. ut antea.

July 2d. He has kept perfectly quiet. The belt round the ribs has been retained, and a dose of the mist. sennæ c. occasionally administered, to keep the bowels open. He has gone on in every respect favourably, and the whole of the air has been absorbed from the interstices of the cellular texture.

Int. mistura salin.

4th. Discharged cured.

Remarks. The three preceding cases illustrate the beneficial mode of treatment first recommended and practised by Sir William Blizard. They tend to show the necessity for, and advantages resulting from, the copious depletion which that gentleman inculcated. Considering, in cases of emphysema, the probability that air has been effused into the cavity of the chest, between the pleura costalis and pulmonalis, occasioning a collapse of the corresponding lung; consequently, the additional labour which the sound one will have to undergo, as also the evil consequences likely to arise from a con-

gestion in that organ, at a period when an additional energy is required; the indication which immediately suggests itself is, to get rid, as quickly as possible, of that quantity of circulating blood, which, by its continuance in the system, would not only prove a burthen to the sound lung, but favour the disposition to pleuritis. Upon this principle, copious venesection was employed, and to it I refer the relief which followed in each case.

Mr. Abernethy, in the second volume of his "Surgical Works," has shown it to be an error which those surgeons entertain, who consider the employment of a belt or bandage at the commencement of these cases, more likely to occasion the insinuation of air between the two pleuræ; and that by rendering the walls of the chest immoveable, it not only prevents that pain being produced, which the enlargement of the chest by the intercostal muscles would necessarily occasion, but, by its pressure, prevents the further escape of air through the wounded lung, and thereby facilitates the healing of the wound.

Whether in the generality of these cases, the difficulty and oppression of the breathing arise from an impediment presented to the sound lung in the performance of its functions, by the pressure from the mediastinum, or by the additional quantity of blood transmitted to it by the pulmonary artery, or by both, I am unable to determine. Certain, however, it is, that the copious abstraction of blood sometimes altogether removes, and seldom fails to alleviate the most urgent symptoms.

The two following cases strikingly illustrate the happy effects which result from a judicious position of the limb, in transverse fracture of the patella.

Case 1. William Denton, æt. 27, was admitted into Kenton's ward on the 1st of April, under the care of Mr. Lawrence, having, in an attempt to save a fall, whilst carrying a load upon his shoulder, fractured his right patella transversely. He immediately lost all power of extending the limb, and supporting the trunk of the body on that side. The upper portion of the bone was drawn up by the action of the extensor muscles, and a space of two inches intervened between the broken surfaces of the bone. The fore part of the knee-joint was swollen, from ecchymosis, and of a livid colour; but not attended by much pain.

He was placed upon his back in bed; the trunk of the body slightly elevated, to relax the rectus muscle, and the heel raised, by means of pillows, four inches above the anterior and superior spinous process of the corresponding ilium.

Hydr. submur. gr. iv. Jalapæ, gr. x. statim. (Milk diet.)

Wet rags to be constantly applied to the joint.

2d. The knee is painful and much swollen; bowels freely opened.

Hirudines xx. genu.

Nothing of interest occurred in the further progress of the case. The bowels were kept open by means of calomel and jalap, and house-physic; (mist. sennæ &c.) the temperature of the joint regulated by means of cold washes; a state of the most perfect quietude enjoined; and the former position of the limb accurately observed until May 11th, when a little gentle motion was allowed, and daily increased until the 18th, (about six weeks from the occurrence of the accident) when he was discharged, cured.

Case 2. William Jones, æt. 40, was admitted into Rahere's ward, May 12th, under the care of Mr. Lawrence, with a transverse fracture of the right patella, occasioned by falling upon his knee on the edge of a curb-stone, when jumping from a cart. Great swelling of the joint followed; the power of extension of the leg was immediately lost, and any effort made to support the trunk of the body on that side proved ineffectual. The upper portion of the bone was drawn upwards by the action of the extensor muscles, while the lower retained its natural situation. An interval of two inches existed between the fractured ends.

He was placed upon his back in bed, with the trunk and extremity exactly in the same position as in the former patient, and ordered—

Hydr. submur. gr. iv. Jalapæ, gr. x. statim. Mixturæ sennæ, c. ℥iss. post horas duas. (Milk diet.) Wet cloths to the joint.

13th. The knee is painful and very much swollen; skin hot and dry; pulse hard and 96; bowels not relieved.

V. S. ad ℥xx. hirudines xxx. genu, misturæ sennæ c. ℥iss. statim. et repr. 2ndâ quâque horâ donec alvus plenè respond.

14th. Bowels have been freely acted upon; pulse 90 and full; skin hot; tongue white and dry: knee swollen, tense, and painful.

V. S. ad ℥xvj. misturæ ammoniæ lacet. cum liquoris ant. tart. ℥ss. sexta quaque hora.

15th. Pulse 82 and soft; skin and tongue moist; knee less painful (pergat.)

20th. The joint is free from pain and the swelling rapidly diminishing; the pulse natural; tongue clean: bowels regular. Intr. mistura salin. ac liq. ant. tart. pt. mistur. sennæ comp. pro re nata.

The limb was carefully kept in the position in which it was first placed, and the patient directed to keep it in a state of perfect quietude until the 13th of June; when a little gentle motion was allowed, and daily increased until the 18th, when he was discharged, cured.

Remarks. It will appear that these cases were treated simply by relaxing the extensor muscles of the leg; neither bandages, splints, nor straps, being employed in the progress of either case. Upon a careful examination of the patella, in each patient, on the day of discharge, so closely were the divided surfaces found to be approximated, and so great was the power which each individual possessed in the extension of his leg, and support of the trunk of his body on the affected limb; that, had a person unacquainted with the usual mode of reparation in these cases, examined the bone, he would, I think, have unhesitatingly declared that an osseous union had taken place.

But, bearing in mind the three circumstances, first, that patients are not always so conformable to admonition as these have been; second, the unavoidable movements which must sometimes necessarily take place from spasm and various other causes; and third, how advantageous it is to the patient, at all times, to obtain a short ligamentous union; both as fortifying him, in great measure, against that weakened power of extension in the affected limb, and that liability to fracture of the patella in the opposite one which inevitably attends an opposite state of it: it will appear prudent, and adviseable, in order to ensure more certain success, either to adopt, in conjunction with the foregoing position of the limb, the mode of treatment recommended by Sir Astley Cooper in his work on "Dislocations and Fractures of the Joints," that of buckling a leathern strap around the thigh above the broken and elevated portion of bone, which is to be secured by another continued from it underneath the foot; or, to confine the upper as nearly as possible in contact with the lower portion by means of a bandage passed alternately round the lower part of the thigh and upper part of the leg in the form of a figure of eight. Of course neither straps, nor bandages will be employed, until the inflammation following the accident, has subsided.

The following case illustrates the result which may generally be expected to take place subsequent to the operation of femoral hernia, after so protracted a period of strangulation.

Mary Roberts, æt. 67; who is of a delicate habit, is married, and has borne children, was conveyed to the hospital on the 28th of June; and states, that for forty years she has been the subject of rupture; the reduction of which, previous to the present time, she has readily effected.

On Monday last, (25th) after having walked some distance, the gut descended; but she was not conscious of having used any great effort or unusual exertion. She resorted to her accustomed mode of reduction (the recumbent posture; flexure of the thigh, and warm fomentations) but without success. She then applied to a medical man, who had frequently, from the period of her application to him to the time of her admission into the hospital, made use of the taxis, but with the same unfavourable result.

June 28th, half past three o'clock P. M. She presented the following symptoms: A feeling of tightness across the epigastric region; nausea, vomiting, and the rejection of fæcal matter; pulse 100, small, and hard; great anxiety and restlessness; cold extremities; no stool since Monday. A well defined and moveable tumour, about the size of a walnut, with its longest diameter in the transverse direction was observed on the upper and inner part of the right thigh. From the

neck of the sac, extending from the femoral ring, through the upper part of the large oval depression formed by the two portions of the fascia lata immediately below the crural arch, the body of the hernia might be traced turning over the semi-lunar edge or falciform process of the fascia, and insinuating itself into the loose cellular tissue at the bend of the thigh, in a direction upwards and outwards; thus forming a right angle with the neck; whilst its fundus rested upon the front surface of Poupart's ligament, where it moved freely. The part was tense; the neck of the sac acutely painful; and the tenderness had extended from thence over the whole body and fundus of the tumour, and adjacent part of the abdomen.

The thigh on the affected side was bent to a right angle with the body, rotated inwards, and carried across the opposite thigh; thus relaxing, as much as possible, the fascia concerned in the formation of the stricture:—The taxis was then attempted, and the hernia endeavoured to be moved in a direction downwards and inwards, then upwards; but without success. Considering the urgency of the symptoms, the time which had elapsed since the period of strangulation (72 hours) and, consequently, the inefficacy and mischief likely to attend the further employment of the taxis under any circumstances of depletion or collapse; it was judged expedient to send immediately for Mr. Earle, as the only chance the patient had, rested in the uncertainty of an operation; as it unquestionably was a great uncertainty, so small is the opening through which the intestine passes, and so tightly must it consequently have been girt for a space of three days.

Mr. E. arrived at half past seven, and did not hesitate immediately to recommend and perform the *operation*.

The patient being seated upon a table, in a favourable light, with her head and shoulders slightly elevated by means of a pillow, the hair was removed from the surface of the swelling, and an incision commenced about an inch above the crural arch, which was continued over the front of the tumour in a perpendicular direction to the same extent below; dividing 1st, the integuments; 2nd, the condensed adipose and cellular tissue constituting the fascia superficialis; 3rd the fascia propria, which tunic had much the appearance of thickened and diseased omentum. Turning this to either side, the peritoneal sac was exposed, which was thickened, (as in fact were all the coverings with the exception of the integuments); a portion of it was taken hold of by a pair of forceps, and a small aperture made into its lower part, through which a director was introduced, and its front surface laid open by means of a probe-pointed bistoury. No fluid escaped. Another covering was then perceived which had given way, at one small point, by the pressure of the finger nail in separating it from the peritoneal covering; and from it escaped an inodorous bloody serum. At first sight, this was thought to be the bowel; but no circular arrangement of the vessels being discovered, a director was introduced into its interior, when it most readily gave way, and was found to be an adventitious membrane which adhered very firmly to the bowel underneath. The adhesions were very carefully divided by means of an eyed probe, and a small knuckle of the bowel of a reddish brown or chocolate colour was exposed. The probe was then carefully introduced between the internal surface of the bowel and the edge of Gimbernat's ligament, thus making way for the director, which was introduced with its groove directly opposite the ligament, and a few fibres of the latter divided by means of Sir Astley Cooper's hernia knife, which has about half an inch of cutting edge in its middle. The bowel was then very readily returned into the abdomen, and the finger passed after it, discovered its œsophageal extremity very much increased in calibre; being rammed with hard fæces. Two sutures were employed to bring the edges of the wound in apposition, and two wetted compresses placed over it, which were secured by a roller passed round the pelvis and thigh in the form of a figure of eight. She was immediately laid in bed, and the following injection administered.

Misturæ sennæ c. ℥viij. aquæ tepidæ ℥ij. ft. enema.

No relief followed. After two hours the following was directed to be thrown up the rectum, and to be repeated every two hours, if necessary.

Ol. ricini. mist. sennæ c. aa ℥iv. ft.

enema. *Half past* 9 *o'clock.* No motion; pulse small, hard, and 108; great tenderness in the right groin and abdomen; skin hot and dry.

V. S. ad ℥xij. Hirudines xxx. parti affect. 12 *o'clock.* The injections return, but without any admixture of fæcal matter.

Magnesiæ sulphatis, ℥j. aquæ menthæ ℥iss. 2ndo quaque hora.

June 29th, 8 *o'clock*, A. M. Has had two slight motions, but apparently from the large intestines only; pulse small and 160.

Ol. ricini, ℥j. 2da quaque hora.

Ten o'clock, P. M. No evacuation from the bowels; is delirious; great pain and tenderness in the abdomen; pulse rapid and intermitting.

Olei terebinth. ℥ij. mucilaginis acaciæ, ℥iij. aquæ menthæ pip. ℥j. ft. haustus statim sumendus. Pultis, ℥viij. olei terebinth. ℥ij. ft. enema statim injiciendum.

30*th.* The means employed were followed by no relief, and she expired at five o'clock this morning.

Sectio Cadaveris, eight hours after death. The peritoneum, covering the intestines and lining the abdominal parietes, bore evident marks of inflammation; it was highly vascular. The intestine which had been strictured was found to be a portion of the ileum, and was thickened by the effusion of lymph between its coats. The mark of the stricture was very apparent, extending round three fourths of the circumference of the gut. Ecchymosis had taken place in this situation to a small extent between the peritoneal and muscular coats of the bowel. The mucous membrane was rather unusually vascular; but not ulcerated. The feculent matter contained in the ileum was soft and rather copious. The cæcum, colon, and rectum were distended by the injections. A few fibres of Gimbernat's ligament only were divided; and Mr. Earle was quite satisfied that this alone caused the strangulation. No morbid appearances were observed in any other viscus.

The two following cases exemplify the efficacy of a local sedative in the treatment of the primary phagedænic ulcer.

Case 1. John Macnamara, æt. 24; of temperate habits, was admitted into Lazarus' back ward the 22nd of June, under the care of Mr. Earle.

Three weeks ago, and about three months after connexion, he perceived a slight excoriation immediately behind the corona glandis, which, not being painful, he was induced to disregard, and pursued his daily occupations. A sore was produced in the situation of the excoriation, which gradually enlarged and became painful. He has made use of no other remedy than local ablution.

June 22nd. An excavated sore, about the size of a shilling, with a ragged and hard edge, and a foul, ash-coloured, and irregular surface discharging a thin sanies, together with a slight degree of redness in the surrounding integuments, occupies the left side of the basis of the glans, and a corresponding portion of the adjacent prepuce. The glands in the groin are not affected. The local pain is severe, particularly at night. Pulse 80, and full—skin hot and dry—tongue white.

V. S. ad ℥xij. hydrargyri submuriatis, Pulveris Jacobi ana gr. v. hæc nocte. Misturæ sennæ c. ℥iss. cras mane. Lotio opii (opii drachman cum semisse, aquæ octarium) parti affectæ. (milk diet.)

23*rd.* Sore presents much the same appearance, but is free from pain—pulse reduced to 70.

Rep. hydr. submur. et pulvis Jacobi hæc nocte. cont. lotio opii.

25*th.* There is a slight inflammation in the right eye.

Hirudines viij. tempori dextro.

26th. Iritis threatens. The pupil is contracted—the eye painful when exposed to light—the conjunctiva reddened, and a faint pink-coloured zone appears around the cornea. The sore on the penis is destitute of pain and has assumed a more healthy appearance. The bowels are freely open.

Appl. c.c. tempori dextro, et detr. sanguis ad ℥xvj. Extr. belladonnæ supercilio. antimonii tartarizati gr. j. hæc nocte. Cont. lotio opii. cum acidi nitrici ℥ iij. ad ℥j.

28*th.* The symptoms of inflammation in the eye have subsided; the foul appearance of the sore has disappeared, and is succeeded by a healthy granulating surface. His general health is good.

Cont. lotio; et mistura sennæ c. pro re nata.

July 3rd. The sore is cicatrising rapidly, and not more than half its original size. Pergat.

12th. The sore is healed, and he was discharged cured.

Case 2. John Corbalt, æt. 30; accustomed to live freely, observed a small excoriation on the outer part of the prepuce about a fortnight ago, and a week after connexion, which gradually enlarged and became very painful. He applied at the hospital, and was admitted into Lazarus' back ward, under the care of Mr. Earle.

June 29th. An irregular and excavated ulcer, an inch and a half by ¾ in extent, with a hard and elevated edge, a dark brown, foul, and irregular surface discharging an offensive, thin and bloody matter, is situated on the fore and outer surface of the prepuce. He complains that it is painful, more especially at night. His constitution is not affected.

Hydrargyri submuriatis, gr. iv. pulveris antimonialis, gr. v. hora somni sumend: (milk diet) let a piece of lint dipped in opium lotion, and afterwards a cataplasm made with the opium lotion, be applied to the surface of the sore.

July 2nd. The foul appearance of the sore is removed, and its surface covered with healthy granulations. The pain arising from it has ceased. The following lotion was directed to be applied to the part night and morning.

Lotionis opii, ℥j. acidi nitr. ♏ iij. M.

8th. The sore is cicatrising. Cont. lotio.

16th. The ulcer has completely healed, and he was discharged, cured.

Remarks. Mr. Earle considered the two former cases, well-marked instances of the primary phagedænic ulcer; and, as the constitutional disturbance of the former patient was only that which it was thought a general bleeding would remove, and the latter altogether free from it, he conceived that by allaying the irritability of the part by means of a local sedative, the ulcers would assume a healthy character. The favourable progress of the cases has confirmed the opinion Mr. E. entertained.

The following case shows the efficacy of the local application of the concentrated nitric acid; and the mode of treatment sometimes adopted by the surgeons of this hospital, in cases of primary phagedænic ulceration.

Anne Wheeler, æt. 45; was admitted into Patience ward the 29th of June, under the care of Mr. Earle.

She was free from disease, when, seven weeks ago, she perceived a small pimple on the inner edge of the left labium, which itched intolerably, broke, became a sore, and spread rapidly; so that in the course of a fortnight, (during which time she drank freely of spirituous liquors and porter,) it had acquired its present size. From that time to the present, (a period of five weeks,) it remained stationary, but gave her very acute pain. She employed no other remedy than simple ablution.

June 29th. An excavated sore, half an inch in depth; with a spongy, foul, and dusky-coloured surface, secreting an offensive bloody sanies; has extended about an inch within the left side of the vagina, and destroyed the left nympha and lower half of the left labium, including a circular portion of the soft parts, about the size of a crown piece, below, and to the left of the vulva. She describes the pain she suffers as excruciating. Her general health is not, however, affected. The surface of the sore to be dried with lint; afterwards freely soaked with the undiluted nitric acid, by means of a piece of lint wrapped round a probe; and then covered with dry lint. To take, immediately after the application, tincturæ opii. ♏ xxx.

30th. The application of the acid caused very great pain for about 20 minutes, when it entirely ceased, and has not since recurred. It has produced a slough over the whole extent of the ulceration.

Hydrargyri submur. gr. iij. jalapæ gr. x. statim. pulveris ipecacuanhæ c. gr. x. bis in die.

July 2nd. The slough has separated, and a healthy surface remains. She has remained quite free from pain.

Cont. pulvis ipecacuanhæ c. et capiat mistur. sennæ comp. ℥iss. pro re nata.

5th. The ulcer has a perfectly clean surface. There is not the slightest pain attending it.

Cont. medicamenta.

6th. A small unhealthy spot exists at the superior edge of the sore. Let the

application of the acid be repeated, and followed by the administration of thirty drops of laudanum.

7th. The application again gave great pain, which ceased in a quarter of an hour. A small slough is produced in the situation of the foul spot.

Cont. pulvis ipecac. c. et mist. sennæ, c.

9th. The slough has separated, and the whole surface of the sore presents a clean aspect. (Pergat. lotionem opii. Intr. pulvis ipecacuanhæ c.)

16th. The ulcer is diminishing in size. Her health continues good. The lotion is discontinued, and the sore dressed with mild cerate. Cont. mist. sennæ, c. p. r. nata.

August 7th. The sore has completely cicatrised; her health is good, and she is discharged.

The following is an instance of phagedænic ulceration, successfully treated by the proto-nitrate of mercury, after the failure of nitric acid.

Abraham Perkins, æt. 19; was admitted on the 7th of June, under the care of Mr. Earle; and gives the following history of his complaint.

Four months ago, and a week after connexion, he contracted an indurated chancre on the prepuce, close to the frænum, which was succeeded by a bubo in the groin, and for which he was admitted into the hospital, under the care of Mr. Lawrence. The sore healed completely in a fortnight, but his mouth was not affected; and the bubo was not quite healed, when he was made an out-patient. It completely closed, however, in a week afterwards. He declares most positively that he had not subjected himself to fresh contagion, when, three weeks ago, he perceived a small white pimple in the situation of the original sore, which broke and bled a little. During the four next days it gradually, but slowly increased, and then remained stationary for about a fortnight, at which time, after drinking freely, it became excessively painful, and spread rapidly, up to the period of his admission.

June 7th. The whole of the under surface of the glans and a corresponding portion of the prepuce, including the frænum, are occupied by an excavated sore, the edges of which are hard and well defined; the ulcer presents an irregular, bloody, foul, and dark-coloured surface, and secretes at its edges an offensive sanies. The surrounding parts are painful and tumefied; he is feverish, tongue white, skin hot and dry, pulse quick.

V. S. ad ℥xvj. hydrargyri submur: gr. iij. jalapæ, gr. xij. statim. Misturæ salin: 4ta. quaque hora. Pulv. ipecacuanhæ c. gr. xv. hora somni.

The surface of the sore to be dried with lint; the surrounding parts to be smeared with lard; the sore to be freely soaked with the undiluted nitric acid; dry lint to be applied for a quarter of an hour, and afterwards a bread and water poultice, (Tincturæ opii, ♏xxx.) Milk diet.

9th. The application of the acid gave great pain, and produced a slough, but has not produced any improvement in the appearance of the sore, or permanent remission of the pain. To have the acid freely re-applied and to take immediately afterwards tincturæ opii. ♏xxx. olei ricini, ℥i. statim. Tincturæ opii, ♏ xv. misturæ camphoræ, ℥iss. hac nocte. Cont. mistura ammonia acetatis.

11th. The application of the acid has been equally inefficacious. The ulceration has enlarged, and the pain is very severe.

Pulv. ipecacuanhæ comp. gr. xv. hora somni omni nocte.

12th. He is in much pain; has headache, a white tongue, hot and dry skin, and quick pulse.

V. S. ad ℥xvj. Olei ricini, ℥j. statim. antimonii tart. gr. j. aquæ menthæ pip. ℥iss. post horas duas et repet. si opus sit. Let the following application be used in the same manner as the nitric acid; the sore afterward covered with dry lint and forty drops of laudanum administered.

Hydrargyri nitratis, ℥ss. acidi nitrici, ℥j. ♏.

13th. The application produced great pain, which was followed, in twenty minutes, by perfect ease. A slough is formed over the whole surface of the sore.

16th. Has remained perfectly free from pain; the surrounding redness and tumefaction are subsiding, and the slough has separated. He feels weak and low.

Extracti sarsæ, ℥ss. bis die. Cont. pulvis ipecac. c. et mistura salin.

26th. The sore has assumed a perfectly healthy character; the excavation is

filling with healthy granulations, and the sore contracting. He is altogether free from pain. Let the sore be dressed with the balsam of Peru upon lint. Cont. medicamenta.

30th. The sore is healing rapidly. (Meat diet.)

July 12th. The ulceration has completely cicatrised, and he is this day discharged.

Remarks. Sloughing phagedæna, as observed in St. Bartholomew's Hospital, seems to be a local affection, produced by inattention to cleanliness, by cold and damp, improper food, and the too frequent use of spirituous liquors. Such causes seem to aggravate so much the consequences of the application of morbid secretions, that a peculiar train of symptoms is produced, which, in their turn, affect the constitution.

When, however, the local affection is destroyed, the constitutional effects quickly disappear. This seems to be effectually done by the nitric acid, which, by penetrating deeper than the other cauteries, more completely destroys the morbid part. After its application the part usually assumes the appearance of a healthy sore; but, if the acid has not been sufficiently strong, or if the ulcer has not been sufficiently soaked with the application, the morbid part will not be completely destroyed; either the whole or a portion of the sore will continue to present the usual unhealthy appearance, and will require another application for its destruction.

When *phagedænic sores* have taken on an unfavourable appearance, it will often be of use to apply the concentrated acid. In these cases, however, the same success will not be obtained as when applied to the sloughing species: in some cases it seems to aggravate the disease, much as in the above case. In these cases the greatest advantage is obtained by attention to the general health, and the local application of an oxyde of mercury, as the black or yellow wash. In other cases of this kind the stimulus of a solution of the unchemical preparation called above, proto-nitrate, is of service. Dr. T. A. Wise informs me that he has seen this last preparation employed with the greatest success at the Hospital of St. Louis, in Paris, by that excellent surgeon, J. Cloquet, in cases of phagedænic ulcers of the throat or nose (Lupus,) &c. In these cases, by means of a dossil of lint, the ulcer and surrounding redness are washed over with the solution. It gives considerable pain at the time, which goes off in about half an hour. In a day or two a small slough separates, leaving the sore in a healthy state. The same gentleman informs me that he has frequently seen the most severe and extensive ulcers of the throat and nose completely cured after the second or third application of this preparation.

In conjunction with these means, internal anodyne remedies such as pulvis ipecacuanhæ comp., conium, &c. are employed in this hospital, and generally with great advantage. I have not seen mercury employed for the primary forms of the phagedænic disease; but in those cases where it has been administered to patients previous to admission *into* the hospital, a most decided aggravation of the symptoms has been produced. In the secondary ulceration it is used, however, either internally in the form of oxymuriate with decoction of sarsaparilla, or externally in the cinnabar fumigation, or yellow wash (hydr. oxymur. gr. j, liquoris calcis, ʒj.,) and with manifest advantage.

The secondary phagedænic symptoms are not confined, as Mr. Carmichael has observed, to the primary phagedænic ulcer. A case is at present in the hospital where they have followed gonorrhœa, and several others have been admitted during the past winter consequent on the same stock of primary infection.

ULCERATION OF THE LARYNX, WITH DIFFICULTY OF BREATHING AND SWALLOWING, AND GREAT HOARSENESS.

William Cox, æt. 32; a spare unhealthy looking man, was admitted into Kenton's ward on the 26th of April, under the care of Mr. Lawrence.

The patient, whilst confined in prison about a year ago, was attacked with a hoarseness, which has continued ever since. For the first nine or ten months it was not attended with pain or difficulty of either respiration or deglutition. About nine weeks ago he felt, for the first time,

a pain in the larynx; and about the same time deglutition and respiration became difficult, and have continued gradually to increase. During the last three weeks deglutition has been so painful as almost to preclude the possibility of his taking a necessary supply of food. He has been almost free from cough until the last 12 or 14 days. He has taken no medicines for his complaints.

At present he is enabled to articulate only in a whisper; respiration is difficult and attended with a wheezing noise; he has a cough, attended with a copious expectoration of thick, viscid, but not purulent matter, which is particularly distressing to him when in the recumbent position: deglutition is so painful as to prevent his taking any solid food: there is a constant dull pain in the larynx.

Hydrargyri submur. gr. ij. opii, gr. ½, ter in die. Misturæ sennæ c. ʒiss. pro re nata.

30th. No perceptible alteration. Hirudines xij. gutturi et postea emplastrum lyttæ.

May 4th. His mouth is affected by the calomel. Respiration and deglutition less painful and difficult; hoarseness much the same.

Intr. cal. et opii. Misturæ ammoniæ acet. ʒiss. sexta quaque hora.

15th. Has continued gradually to improve. Pergat.

18th. The symptoms have become worse: he complains of great pain in the larynx.

Emplastrum littæ gutturi.

21st. Continues to get worse: the cough is very distressing at night, and he complains of pain in the chest; takes scarcely any food, and is greatly emaciated.

Hirudines xij. gutturi.—Emplastrum lyttæ amplum sterno.

25th. Deglutition less difficult; in other respects nearly the same.

30th. For two or three days he has been able to take the necessary quantity of food, with very little pain or difficulty. Last night deglutition again became very difficult, and his cough very distressing.

Linctus cum scilla.

June 1st. The linctus affords no relief. Let it be discontinued, and a tablespoonful of the following mixture taken occasionally.

Tincturæ camphoræ comp. ʒj. misturæ amygdal. ʒvij. ℿ.

6th. Much benefited by the mixture.

9th. He has again suffered very much from difficulty of respiration for the last two days. Yesterday he was attacked with spitting of blood, which continued during the night: the quantity however was small, and has now entirely ceased.

11th. Is much exhausted; pulse small and weak.

Vini, ʒvj. quotidie.

15th. For two days after the last date he was better; but has been getting since then gradually worse. Respiration and deglutition are now in the highest degree difficult and painful, and he is evidently sinking.

16th. Died at six o'clock this morning.

Upon the *sectio cadaveris*, the following state of the parts was found:

Extensive superficial ulceration of the mucous membrane; it occupied one-half of the anterior, and the whole of the posterior surface of the epiglottis, the cavity of the larynx generally, and about an inch of the upper end of the trachea. The neighbouring portion of the membrane was thickened, and rather indurated: that lining the trachea and bronchi very vascular, slightly swelled, and covered by a yellow secretion. Although the mucous membrane covering the ligaments of the glottis was thickened, the opening still appeared large enough for respiration.

Very firm and general adhesions of the pleuræ; both lungs filled with small tubercles, many of them ulcerated; the intermediate spaces healthy: a few small depositions of a chalky substance in both lungs.

The pharynx and œsophagus healthy.

The contents of the abdomen healthy.

The arachnoid membrane of the brain thickened and slightly opaque: great fulness of the vessels, with effusion of serum into the cellular texture of the pia-mater: great fulness of the vessels in the substance of the brain.

Jane Mudie, æt. 26; and female child, æt. 16 months; were admitted into Magdalen's ward on the 31st of March, discharged, and re-admitted on the 21st of May, under the care of Mr.

Lawrence; the mother having gonorrhœa, subsequently elevated sores on the labia, perineum, and nates, afterwards ulcers of the tongue and lip; the child, purulent ophthalmia, pustular eruption, vaginal discharge, excoriation with elevated ulcerations of the anus and perineum: relapse of ulceration, and irritis of the left eye.

March 31st. The mother observed a discharge from the vagina, with scalding in making water about four months before the birth of this child; the former continued until three months ago, when she noticed large elevated sores on the inner side of the labia, others on the perineum and around the anus, which are now elevated, warty, and ulcerated excrescences. She does not seem to have had any other venereal affection.

The infant when born was large and healthy, but in three days afterwards was attacked with purulent ophthalmy in both eyes, for which it was treated at the Ophthalmic Infirmary, Moorfields, and soon got well. Five months after birth a pustular eruption appeared on its neck, which soon disappeared; a discharge was then observed from the vagina, the labia swelled, and were extremely excoriated; these symptoms subsiding, a number of elevated, flat, warty excrescences appeared on the perineum, and around the anus, which now present excoriated heads, like those of the mother.

Ordered for the mother, pilulæ hydrargyri, gr. v. nocte maneque—lotio nigra partibus exulceratis.

For the child, hydrargyri cum creta, gr. iv. bis in die.

The symptoms soon yielded to this treatment, both in the mother and infant, and they were discharged, apparently cured, on the 18th of April.

Re-admitted on the 21st of May.

The mother has an ulcerated fissure on the middle of the apex of the tongue, with swelling, redness, and excoriation of the entire apex, and considerable pain in moving the part; she has also a whitish superficial sore, as large as a sixpence, on the mucous membrane of the lower lip. These ulcerations have existed for a fortnight: there has been no return of ulceration on the perineum or organs of generation.

The child has considerable excoriation and ulceration round the anus, which reappeared in a week after her discharge from the hospital. She has also iritis of the left eye in a mild form, which the mother ascribes to a cold from having the head wetted. The iris is darker than the sound eye, and has lost its brilliancy, the pupil a little contracted, slight pink redness in the sclerotic coat around the cornea, slight intolerance of light. The symptoms of iritis commenced three days ago.

For the mother, hydrargyri oxymuriatis, gr. ½ ex decoct. sarsæ. ℥j. quotidie.

For the child hydr. cum creta, gr. v. mane et vespere quotidie.

24th. A small red and painful spot is observable on the side of the tongue, near its basis, in the mother. The other symptoms are not changed. Cont. hydr. oxym. ex decoct. sarsæ.

The iritis in the child has rather increased.

Hirudines tres oculo affecto. Cont. hydr. cum creta.

June 4th. The preceding means have been pursued to this date both for the mother and child. The symptoms in each are completely removed, and they are discharged. They have since been seen perfectly well.

ERYSIPELAS PHLEGMONODES OF THE HAND AND ARM, FOLLOWING THE AMPUTATION OF A FINGER.

James Cossan, æt. 67; was admitted into Kenton's ward, May 10th, under the care of Mr. Lawrence.

The patient, a thin, and rather sallow man, came into the hospital for a foul ulceration of the fore-finger of the right hand, which was of three months standing, and had completely destroyed the last joint of the finger. The greater part of the finger being diseased, Mr. L. determined to remove the whole of it, together with the head of the metacarpal bone. His bowels having been previously regulated, &c. the operation was performed, May 12th.

14th. The whole hand is inflamed and swollen, and the inflammation extends a short distance up the fore-arm; the pain

arising from it was last night so great as to deprive him of rest; the tongue is coated with a white fur, the bowels are constipated, and he is feverish. On removing the dressings, the flaps were found to have united by adhesion, except at the points where the ends of the ligatures came out.

Hydr submuriatis, gr. iv. jalapæ, gr. xij. statim. Misturæ sennæ comp. ℥iss. cras mane. Misturæ ammoniæ acet. ℥iss. 6ta quaque hora. Hirudines xij. parti affectæ.

The hand and fore-arm to be afterwards fomented and then covered with a linseed poultice.

17*th*. The inflammation has gradually increased: the whole of the fore-arm is now considerably swollen, and extremely painful. His bowels are well regulated by the mistur. sennæ comp.

V. S. ad ℥xvj. ex brachio affecto.

The blood was very much cupped and buffed.

18*th*. The swelling and inflammation continue gradually to increase.

Hirudines xxiv.—Fomentatio et cataplasma panis.

19*th*. The inflammation of the hand subsiding, but is extending up the arm. Pergat.

20*th*. The inflammation gradually leaving the hand and extending up the arm: the parts in the immediate neighbourhood of the elbow are much swollen, of a bright red colour, very tense, and extremely painful.

Hirudines xxiv.

21*st*. The leeches caused a slight degree of sickness with great weakness. The swelling and inflammation have almost entirely left the hand; about the elbow it has increased, and the greater part of the arm is now much swollen and of a bright red colour: there is a small formation of matter over the olecranon. Mr. Lawrence made a longitudinal incision about four inches in length, through the skin and cellular membrane over the olecranon: a small quantity of pus mixed with blood came away. His pulse is very weak, and he is extremely feeble.

Quiniæ sulph. gr. ij. ex infus. rosæ, ℥iss. ter in die. Vini rubri, ℥vj. quotidie. Cont fomentatio et cataplasma.

22*nd*. He took only a portion of the wine yesterday, as it made him thirsty and feverish. The inflammation has reached the shoulder: the whole arm very much swollen, tense, and of a bright red colour. Mr. L. made a longitudinal incision through the skin and cellular membrane about six inches long on the posterior part of the arm, and another about three inches in length over the head of the radius; no pus was discharged, but the sides of the incisions presented an unhealthy appearance, as if in an incipient state of suppuration. About six ounces of blood were lost by the incisions.

23*rd*. The tension has been removed by the incisions, and the pain is considerably less. The inflammation has not extended. He took the whole of his wine yesterday.

25*th*. A small formation of matter exists at the upper and inner side of the arm: an incision made into it gave vent to about two ounces of pus. The swelling and inflammation are gradually subsiding: his pulse is more full, softer, and slower. He continues to take the wine and quinine, which agree with him.

27*th*. Continues gradually to improve: the discharge from the incisions is very great.

29*th*. Some sloughing of the cellular membrane in the situation where the last incisions were made: the discharge from them increases in quantity. There is also a little sloughing of the skin at the upper and inner part of the arm. The incisions to be dressed with the ung. resinæ; the poultices to be continued over the dressings. A roller to be applied to the hand and fore-arm.

June 1*st* Complains of great pain in the incisions. The ung. resinæ to be discontinued, and simple dressings used: the poultices to be continued

4*th*. There is extensive sloughing of the cellular membrane exposed by the incisions; large dirty-looking ragged shreds of it have come away, and left the neighbouring skin undermined. The integuments at the posterior part of the arm are completely separated from the muscles. There is very little sloughing of the skin, and that in one place only—at the upper and inner side of the arm. Let the wine be increased to ℥xij. daily.

8*th*. All symptoms of inflammation have disappeared; the poultices to be discontinued, simple dressings used, and the whole arm rolled.

The above means were continued, until the 29th of July, during which time, he slowly but progressively improved: the incisions are healed, his health is good, and he is discharged.

Remarks. Mr. Lawrence considered this a well-marked case of phlegmonous erysipelas; that is, of erysipelas affecting both the skin and cellular membrane. He mentioned that the most direct and decisive means of relieving tension, preventing extensive sloughing, and checking the progress of the affection, in these cases, consisted in the treatment recommended by Mr. Copeland Hutchinson; that of making free incisions through the inflamed parts at an early period of the disease, of which he said that repeated experience had shewn him the great advantages. He also observed, that the same treatment was very advantageous after the processes of suppuration and sloughing had commenced, as preventing the further progress of mischief.

A fact in the above case is certainly worthy of recital, as strongly supporting the doctrine of early incisions in these cases. At the back of the arm, and over the olecranon, the inflammation was greater than in any other part; here an incision was made early, and no sloughing of the cellular membrane took place; while at the upper part of the arm, where the inflammation was much less, and where incisions were not made until a later period, the sloughing process proceeded to an extent which completely undermined the integuments.

ERYSIPELAS ŒDEMATODES.

Joseph Henderson, æt. 34, a linen-draper, and a stout, healthy-looking man, was admitted, July 4th, under the care of Mr. Earle. He reports that he has been in the habit of living temperately, and that, six days ago, when in a state of intoxication, he was knocked down, and, in his fall, received a bruise of the integuments, immediately over the tubercle of the tibia on the right leg. This was on Thursday evening. On the following Monday, he walked twenty miles, and, on the same night, first perceived a stiffness in the bruised leg, which had considerably increased in size, from the foot to the hip, by the following morning. It continued gradually to enlarge until Wednesday evening, when he was brought to the hospital. During this time, he had no constitutional disturbance.

July 4th. 7 o'clock p. m. The whole extremity, from the foot to the hip, is swollen to twice its original size, as may be judged from the appearance of the opposite limb; the leg and foot present the smooth and shining appearance described by Dr. Bateman, but the thigh has a dull appearance, and communicates a roughness to the touch; the whole is of a pale, reddish-brown colour, without tension, and leaves a pit when pressed upon. An abrasion exists in the situation where the bruise was received, and the surrounding integuments, for a small space, are ecchymosed. The local pain is rather severe; the tongue white and moist; pulse small, hard, and 120; the secretions from the skin, bowels, and kidneys, not diminished.

Hydrargyri submur. pulveris antimonialis ana, gr. iij. hora somni sumend. Fomentatio papav. parti affectæ.

5th. The extremity appears less swollen, and a few small vesications are observed upon some parts of it. In other respects, its appearances are much the same. The local pain has not been such as materially to disturb his rest. Pulse the same as yesterday; tongue white and moist.

12 o'clock, meridie. Mr. Earle saw the patient, who describes himself as better than he was last night.

Hirudines xl. membro. Hydr. submuriatis, gr. iij. Antimonii tart. gr. ½, hora somni sumend. Cont. fotus.

6th. The leeches bled freely; the bowels were twice moved yesterday. He has had much pain in the limb during the night, but it has altogether ceased this morning. The appearances of the limb are not sensibly changed. The pulse has received a marked change; it is now small, frequent, irregular, and easily compressed.

Magnesiæ sulphatis, ℥j. Misturæ ammoniæ acetatis, ℥iss. ter in die. Repr. hydr. submur. et ant. hac nocte.

Let a bread poultice be applied to the bruised surface, and the liquor ammoniæ acet. to the remaining portion of the limb.

7th, 8 o'clock, a. m. Has been delirious during the night. The erysipelas has extended up the abdomen, and is

bounded anteriorly and superiorly by a line drawn two inches above Poupart's ligament, and posteriorly and superiorly by the crista of the ileum; the vesications have increased; the integuments, to the extent of four or five inches surrounding the bruise, are livid and abraded. In other respects, the external characters of the extremity are not changed. The countenance is pale and depicts distress; if he attempts to speak, he can only do it with a stammer. The tongue is dry, and covered with a thick brown coat; the skin, more particularly of the hands and feet, cold and clammy; pulse 130, very small and feeble; the bowels have been twice opened by a dose of castor oil, administered early this morning; stools light-coloured, and very offensive.

Quininæ sulphatis, gr. ij. ter in die. Vini rubri, ℥viij. quotidie.

1 *o'clock, p. m.* An incision was made by Mr. Earle, from the trochanter major to the external condyle of the femur, and two others, one on each side of the leg in its whole length, through the skin and cellular substance, to the muscles. The cellular tissue of the divided surfaces presented a dark and sloughy appearance, and was of an unnatural firmness. A little bloody serum escaped.

10 *o'clock, p. m.* Continues delirious; wants to get out of bed, and is obliged to be confined by the waistcoat.

8th. 8 *o'clock, a. m.* Has been raving greater part of the night, but is greatly exhausted this morning; his countenance has a ghastly appearance; his pulse scarcely perceptible; and his teeth and lips coated with a black sordes.

He gradually sunk, and expired at 11 this evening.

Sectio Cadaveris. The subcutaneous cellular substance of the leg had completely sloughed throughout its whole extent; that of the thigh was of a dark grey colour, evidently denoting a rapid approach to the same state. It was, however, particularly observed, that it had not made the same progress in the parts corresponding to the vesications; it was here thickened, of a light grey colour, and contained a mixture of pus and serum. The fasciæ of the leg and thigh had a dark appearance, and were not adherent to the muscles. Nothing of importance was observed in the situation of the original bruise.

The dura mater presented a healthy appearance; the arachnoid membrane was rather opaque, in consequence of a slight effusion which had taken place into the texture of the pia mater. The medullary substance of the brain was firmer than natural, and sections of it discovered an unusual number of red points, marking the enlargement of blood-vessels. The lateral ventricles contained an increased quantity of fluid.

The lungs were perfectly healthy. The right cavities of the heart, together with the left auricle, were healthy; the parietes of the left ventricle were very much thickened, and its cavity proportionally diminished in size; the valves were perfectly healthy. The aorta, to the extent of two inches after its origin, was partially lined by strata of effused lymph, which were readily detached, leaving its cuticular or inner coat in a natural state.

A small portion of the mucous membrane of the stomach, about three inches from the pyloric orifice, was of a chocolate colour. The lower two inches of the ileum were very vascular, and there was some degree of congestion about the abdominal viscera generally.

The following cases of syphilitic iritis were admitted, under the care of Mr. Lawrence. They are introduced to show the plan of treatment adopted by that gentleman, and the degree of success which invariably attends it when employed in the early stages of the disease,

Case 1. Anna Cornwall, æt. 19, of a full habit, florid complexion, and having naturally blue irides, was admitted into Patience ward, on the 1st of June, with syphilitic iritis of both eyes; papular eruption over the body, and superficial ulceration of the tonsils.

Five months ago, she had gonorrhœa, succeeded by an eruption on the forehead, shoulders, and extremities. In two months from the period of admission, she was discharged, having no remains of the disease.

The gonorrhœa returned.

June 1st. A slight vaginal discharge, together with an eruption of small papulæ over the body, and slight superficial

ulceration of the tonsils, were discovered. A fortnight ago her eyes became red, painful, and watering; she had pain in the back of the head and across the brows, which was most severe at night. The conjunctival vessels in each eye are partially injected with blood; those of the sclerotica are greatly distended, and form a pink zone around the cornea. A large and distinct mass of lymph, of a rusty or reddish-brown colour, covers about one-third of each iris; the rest of its surface having assumed a dull and muddy appearance; the inner circles of the irides are of a rusty brown colour, and their pupillary margins thickened: the pupils are very much contracted, and fixed in the centre of the irides; the corneæ are hazy, and the eyes have a very inanimate appearance: there is slight intolerance of light, and increased lachrymal discharge. She has little pain, except at night, when it is severe. Vision is very dim; it is with much difficulty she distinguishes large objects; the pulse is increased in frequency; the tongue foul.

C. C. ad ℥xvj. temporibus. Hydr. submur. gr. iij. Jalapæ, gr. x. statim. Cal. gr. ij. Opii, gr. ½, 6ta quaque hora. Moistened extract of belladonna to the brows for an hour night and morning.

2d. Considerable pain last night in the head and eyes; no alteration in other respects.

Hirudines xx. oculis.

4th. Mouth a little affected; the lymph is diminished, and the pain nearly gone.

Hirudines xviij. temporibus.

5th. Mouth very sore; great improvement in every respect.

Intr. cal. et opium.

6th. Lymph completely absorbed; redness gone; natural color and appearance of the irides restored; vision perfect; pupils largely dilated by the belladonna; so that, if adhesions had previously existed, which is very probable, they must have been absorbed. The throat is well, and the eruption much better.

Hydr. submur. gr. ij. Opii, gr. ½, omni nocte. Discontinue the belladonna.

July 2d. The eruption has gradually declined, the vaginal discharge ceased, and she is now quite well. Discharged.

Case 2. Daniel Burn, æt. 36; *June 29th.*

This patient, who has naturally blue irides, was admitted into the hospital, about seven weeks ago, with an indurated chancre on the back of the prepuce, and suppurating bubo in the left groin. In a fortnight the chancre healed, whilst under the influence of mercury; the bubo was opened, and discharged a quantity of pus: and, in a day or two afterwards, he was made an out-patient. From that time to the present he has taken diet drink only.

June 27th. He came to the hospital, complaining of a pain in the right eye, and slight intolerance of light. Upon examination, a pale zone, of a pink or rose colour, was observed around the cornea, in the sclerotic coat; the iris a little discoloured, the pupil contracted, and vision somewhat indistinct.

Mr. Lawrence advised him to come into the hospital; he refused, and was, therefore, ordered—

Hydr. submuriatis, gr. ij. opii, gr. ½, sexta quaque hora.

June 29th. The eye continued to get worse: he again applied to the hospital and was this day admitted.

A discolouration and thickening of the prepuce mark the situation of the original sore.

The conjunctiva is reddened. A broad zone of vesels, of a pink or rose colour, is situated around the cornea, in the sclerotic coat. The iris presents a dull, yellowish green appearance, and has lost its motions. The pupil is much contracted, but preserves its circular form. The cornea is hazy. Vision is much impaired; he cannot read large print. He has great pain over the eyebrow, and in the back of the head, which he describes as very severe in the evening and night, but remitting in the morning.

No other constitutional symptom has made its appearance.

C. C. ad ℥xiv. temp. dextro. hydr. submur. gr. ij. opii, gr. ½, sexta quaque hora. Mist. sennæ c. pro r. n.

30th. The eye much easier; mouth a little affected. Pergat.

July 1st. A degree of uneasiness coming on in the eye last night, he was again cupped to ℥xiv. from the right temple. The mouth is a little affected. He feels easier. Vision is more distinct.

Cont. cal. et opium.

2nd. Mouth very sore. Vision continues to improve.

Hydrargyri submur. gr. ij. opii, gr. ½, octavis horis. Moistened extract of belladonna to the eyebrow for an hour night and morning.

3rd. Much the same as yesterday. Pupil a little dilated by the belladonna.

4th. The external redness is diminished; the unnatural colour of the iris partially removed He complains of a nocturnal pain over the brow.

Ung. hydrargyri, gr. vj. opii (redacti in pulverem subtilem,) gr. ij. ft. Ung. regioni supercilii applicandum hac nocte. Extr. belladonnæ omni mane.

5th. Not the slightest recurrence of pain in the brow last night.

7th. The mouth continues sore. The eye has resumed its natural appearance. Vision is perfect. The pupil has been dilated by the belladonna; the pupillary margin presents a very irregular appearance in consequence of the adhesions subsisting between its posterior surface and the capsule of the lens.

9th. Made an out patient.

Remarks. Mr. Lawrence considered the former case a most beautiful specimen of syphilitic iritis; and remarked that, whenever the effused lymph presented the appearance which it assumed in that instance, we might at once decide upon the nature of the disease. Nothing but the previous history of the patient could have enabled us to distinguish the latter case from the idiopathic or gouty varieties of the disease.

PUNCTURE OF THE BLADDER ABOVE THE PUBES.

John Dainton, æt. 48, was admitted on the 21st of June, with retention of urine. The patient was in the hospital about a year since with stricture, from which he has suffered nine years. On Sunday last (June 17th,) about four o'clock in the afternoon, he made a little water, but with some degee of difficulty and pain. From that time to the present (June 21st,) he has not voided any urine. On the 19th he went to a surgeon, who directed that eight leeches should be applied to the perineum, and endeavoured to pass a catheter, but without success. On the 20th he was bled to ℥xxiv. and had cloths, wetted with warm water, applied to the perineum.

At half-past 11 *a. m.* On the day above-mentioned, he was admitted into the hospital, when he complained of very acute pain in the abdomen; the bladder was greatly distended; his pulse quick, hard, and full; tongue dry; skin hot. A warm bath was immediately ordered, after which Mr Lawrence attempted the introduction of a catheter, but failed. He was then ordered.

V. S. ad ℥xviij: hydr. submur. gr. iv. jalapæ, gr xij. statim sumend. et, post horas tres, misturæ sennæ comp. ℥iss.

Five o'clock, p. m. The warm bath was repeated; from which he received relief, and made a few drops of urine, and had also two evacuations from his bowels.

Half-past 9, *p. m.* He was again bled to ℥xvj. had another warm bath, and was ordered to take ℥vj. of liq. antim tartarizati, every quarter of an hour, for four times

These remedies procured great ease, and a quantity of urine passed, which wet his shirt and the bed-clothes considerably.

Quarter-past 10, *p. m.* He had just left the bath, and was in a profuse perspiration, when Mr Lawrence saw him, who directed that the same treatment should be persevered in, if necessary, with the exception that the six-drachm doses of the liquor antim. tart should be discontinued, and one drachm administered every four hours.

June 22nd 8 *a. m.* Has passed a tolerable night, and voided urine in small quantities at different periods. Feels comfortable this morning. Pulse quick and hard.

V. S. ad ℥xij. Rep. balneum.

Eleven, p. m. Felt relief from the bath, and made a little water whilst in it. There is considerable tension of the abdomen, and slight pain on pressure; bowels not open.

Hydr. submur. gr. iv. jalapæ, gr. xij. statim. Misturæ sennæ c. ℥iss. et rep. 4ta quaque hora donec alvus plenè resp.

23rd. The bladder appears more distended. The pain experienced upon pressure is greater than at any former period. Has passed urine in a small quantity during the night. Bowels open; pulse quick, but neither hard nor full.

(Rep. balneum.) Mr. L. attempted to pass a catheter, but could not succeed.

Magnes. sulph. ℥j. mist. ammon. acet. 6ta quaque h.

Three, p. m. The bladder appearing more distended than heretofore (the fundus apparently being higher than the umbilicus,) and the pain upon pressure continuing to increase, Mr. L. thought it proper to puncture the bladder above the pubes. The trocar was introduced about an inch and a half above the pubes, in a direction obliquely downwards, and, when withdrawn, about a pint of very high-coloured urine escaped. An elastic gum catheter, with a bladder affixed to its extremity, was then introduced through the canula, and the latter withdrawn. Great relief followed the operation.

24th. No urine has been collected in the bladder. During the night urine has several times passed, in small quantities, through the urethra.

25th. Has passed a bad night; complains of pain in the abdomen. No urine has passed through the catheter into the bladder attached to it; but the patient has, with great pain, voided some through the urethra. The catheter was withdrawn.

Mist sennæ c. p. r. n. Cont. mist. salin. cu. ant. et magnes. sulph.

26th. Has not slept during the night; complains of great pain upon pressing the abdomen; bladder appears greatly distended and presses much against the rectum; passed some urine through the urethra during the night.

As no catheter could be passed into the bladder through the urethra, Mr. Lawrence thought it advisable to puncture the bladder again above the pubes; which he did, first making an incision through the parietes with a scalpel. On withdrawing the trocar no urine followed. The edges of the wound were drawn together with adhesive plaster.

Two, p m. Mr. Lawrence wished to make an opening into the bladder by dividing the stricture from the perineum; but the patient being too weak, he did not perform the operation.

Eleven, p m. Great pain in the abdomen upon the least pressure; very feeble pulse.

Hirudines xxvi. abdomini, et postea fotus tepidi.

27th. Bowels not open during the night; great pain on pressure; skin very hot and dry; tongue much furred. Says he made water in a small stream during the night.

Olei ricini, ℥j. statim sumend.

Eleven, p. m. Has been sleeping all the evening; does not complain so much of pain upon pressure; has passed urine in a tolerable stream during the day.

Cont. medicamenta.

28th. Bowels open; pain upon pressure subsiding; has passed urine through the urethra; discharge of healthy pus from the wound.

July 16th. The patient has been gradually improving since the last date; he has continued to make water through the natural passage, in a small stream, and that without pain or difficulty; the wound has very nearly healed, and he finds no inconvenience from it. It was the wish of Mr. Lawrence that the patient should remain in the Hospital, and have his urethra attended to, but he chose to leave on this day.

ANEURISM OF THE LEFT FEMORAL ARTERY AT THE MIDDLE OF THE THIGH.

Daniel Callaghan, æt. 42, was admitted June 6th. The patient is a bookbinder; has a sallow unhealthy countenance, with some redness of the nose, and a full, strong pulse. He does not trace his complaint to any external or local cause. Having been previously in good health, he had an attack, a fortnight before Christmas, of what was considered inflammation of the liver, for which antiphlogistic measures were resorted to with success. He noticed the swelling in his thigh about four or five months ago; it was then smaller than at present, and free from pain. The tumour, not having been properly examined, was mistaken for an abscess, and treated accordingly. There was slight swelling and numbness of the limb.

The tumour, which is about two inches in diameter, and pulsates strongly, is situated in the course of the femoral artery, just above its passage through the triceps. It is firm to the feel, becoming less and softer when the influx of blood is prevented by pressure on the femoral artery above. There is pain in the swel-

ling, but no change of colour. The femoral artery, at the crural arch, feels as large as the fore-finger, and pulsates very powerfully. The anterior and posterior tibial arteries can be felt at the foot, but not so plainly as on the other side. Slight œdema and numbness of the limb: the veins rather fuller than on the other side. Pulse full, frequent, and hard; tongue furred; skin hot.

Hydr. submur. gr. iv. jalapæ, gr. xv. statim. Mist. sennæ c. cras mane.

June 7th. The bowels have been freely opened; symptoms but little altered.

V. S ad ℥xx. misturæ ammon. acet. ℥iss 6tâ quâque horâ.

8th. Febrile symptoms diminished; pulse still hard.

Hydr. submur. gr. iv. jalapæ, gr. xv. statim et mist. sennæ c. ℥iss. postea. Lotio Goulard. tumori.

9th. The bowels have been freely opened; tongue cleaner; pulse 82 and hard.

Half-past 12 *meridie.* The artery was tied by Mr. L. with a single ligature on the inner edge of the sartorius. The pulsation in the tumour and arteries below it immediately ceased.

Nine P. M. The temperature of the left, or affected limb is higher than that of the opposite side. Pulse full, hard, and frequent; skin hot and dry.

V. S. ad ℥xiv.

10th. Arterial action, though diminished, still high; the bowels are not sufficiently open.

Hydr. submur. gr. iv. jalapæ, gr. xij. cum infus. sennæ c. ℥iss. statim.

Nine o'clock, P. M. The bowels not having acted, and the vascular excitement continuing unreduced, he was again bled to ℥xij. when copious stools were obtained.

Yesterday morning, for the first time, and previous to the operation, a small pulsating tumour, about the size of a hazel-nut, and situated rather higher in the limb, was observed in the other thigh.

11th. Pulse reduced; bowels freely open. The wound was opened and dressed, and its edges found, in great part, to be united.

13th. The patient is going on favourably; pulse natural, with the exception that there is a little inclination to hardness; wound looking well.

20th. The ligature came away to day. Wound looking well; pulse natural; bowels open.

23rd. One side of the wound is red, painful, and rather hard; the case is otherwise doing well. (Cataplasma lini.)

27th. The wound is nearly healed; the discharge from it slight. (Let common dressings be applied.)

July 2nd. Some inflammation and hardness about the wound. Hirudines xij. et postea, cataplasma lini.

5th. Inflammation, with redness, swelling, induration and great pain have taken place in the thigh, below and on the inside of the wound. The soft parts, underneath the wound, are occupied by an inflammatory induration, which forms a hard lump, equal in size to an orange, under the skin. The pulse is accelerated, the tongue foul, the skin hot and dry.

V. S. ad ℥xiv. hirudines xviij. parti affectæ, cont. cataplasm. hydr. sub. gr. iv. jalapæ, gr. x. statim.

8th. The inflammation is much reduced; the discharge from the wound increased, the hardness underneath remains.

Mistur. sennæ c. pro re nata; cont. cataplasma.

The aneurismal tumour in the right thigh remained stationary. He continued to mend, and was able to walk very well with a crutch, when he left the hospital, without leave, on the 29th of July.

MORBID ALTERATION OF STRUCTURE IN THE SYNOVIAL MEMBRANE OF THE KNEE.

Case 1. John Barnet, æt. 25; was admitted into the hospital on the 8th of May, under the care of Mr. Vincent.

He says that his knee first became affected two years ago and without any evident cause. It commenced with a stiffness, which continued, and was always greater after quietude, but after walking a short distance it subsided, and the limb regained its original mobility. It continued in this state for six or eight months, when he perceived a slight degree of swelling in it, but was still able to pursue his accustomed avocations. He could walk, although with some degree of pain at starting, and always suffered much when he next became quiet. Three

months before admission his health became affected, and the pain produced by motion was such as obliged him to keep the limb in a state of perfect quietude. He had taken medicines, applied leeches and blisters, but with only temporary benefit.

May 8th. The joint is about three inches greater in circumference than the opposite one; the swelling is equable, and presents above and on either side of the patella a soft and elastic substance; its temperature is higher than that of the opposite joint. Says he is very weak and has lost flesh, which he refers to want of rest, occasioned by the pain which he suffers. Pulse small and frequent, tongue white, bowels regular.

C. C. ad ℥viij. genu, pilulæ saponis cum opii, gr. v. omni nocte, mistura sennæ comp. pro re nata.

When the limb gets into a quiet state, let a blister be applied.

17*th.* An abscess which pointed on the inside of the tibia was opened, and a small quantity of pus discharged.

June 16*th.* He has got weaker and weaker; his pulse is small and frequent, and he continues to lose flesh. The cupping and blister gave a temporary relief. The anodyne medicines have failed to procure rest, although the dose has been increased; and if they occasion him to doze, he is soon disturbed by the jumpings of the limb.

It was judged necessary to amputate the leg; which was this day done by Mr. Vincent, who in this as in the generality of his cases, preferred the double flap operation. After the first incisions had been made, the bone sawn through, and the femoral artery with two or three smaller vessels tied; the flaps were approximated by means of adhesive plaster, a compress of lint placed on either side, which was secured by a roller applied from above downwards, and the patient carried to bed.

In two hours hæmorrhage took place, when it was found necessary to open the stump and secure two other small vessels. Damp cloths were applied for a few hours, when, all appearances of hæmorrhage having subsided, the stump was again put up.

19*th.* The stump was opened, and the greater part of the wound found to be united. Simple dressings and the roller were directed to be continued.

24*th.* Ligatures came away. Wound perfectly healthy.

July 1*st.* In consequence of a little disturbance to his general health, the stump has presented an unhealthy appearance, but is now proceeding favourably.

Aug. 3*rd.* The wound has healed; the patient has a very good stump, and he was this day discharged.

Examination of the Joint.—The synovial membrane, except where it was reflected over the cartilages, was found converted into the pulpy, and yellowish brown substance, intersected by white lines, described by Mr. Brodie (see plate.) The cartilages covering the condyles of the femur, and corresponding articulating surfaces of the tibia were ulcerated at a few points, and presented generally a rough surface. The crucial, external, and internal lateral ligaments, and the semilunar cartilages retained their natural structure. The abscess did not communicate with, neither was there any unnatural fluid in the joint.

Case 2.—Joseph Collins, æt. 18; a blacksmith, was admitted into Luke's ward on the 16th of June, under the care of Mr. Vincent, and gives the following history of his case.

Three years ago a cricket-ball struck the left knee, which was followed by slight occasional pain, and little or no swelling of the joint. It continued in this state for the two first years, the symptoms being alternately aggravated and lessened, by motion and quietude. Up to this period no remedies were employed for his relief. About ten months previous to admission, two blisters were applied, and from that time he describes the pain as having been very acute.

June 16*th.* The knee is slightly increased in size; not however from any effusion into the joint, as made known by the absence of fluctuation, but by a morbid alteration of structure in the synovial membrane, as manifested by the peculiar elastic feel characteristic of that disease. The parts external to the joint appear thickened in consequence of chronic inflammation. He refers the pain which he suffers to the inside of the knee,

extending from thence along the tibia to the foot, and describes it as excruciating during the night, occasioning him to start if he doze. If the patella or sole of the foot be pressed towards the articulation the greatest pain is produced. He generally keeps the limb resting on its outer side, and in a half flexed position. He looks tolerably healthy, yet complains of great weakness; pulse small and frequent; tongue clean.

A broth diet was ordered. It was directed that leeches should be applied and aperient medicines administered to bring the joint into a quiet state, and then a caustic issue made on its inner side; as also that the pilula saponis cum opio should be given every night, and the bowels regulated by occasional doses of house physic.

July 6th. The preceding remedies have been employed with merely temporary benefit. Although the dose has been increased, the anodynes have failed to produce their wonted effects. The pain he suffers is very severe, his strength is declining, and he earnestly solicits the removal of his limb.

9th. Mr. Vincent removed the limb, as in the former case, by the double flap operation. The vessels being secured the flaps were approximated by adhesive plaster assisted by a compress on either side, which was secured by a roller passed from above downwards. The patient was carried to bed, a pillow placed underneath the stump, and damp cloths applied over it.

10th. Dressings removed. Greater part of the wound united. Gets more rest than he has done for a long time previously.

15th. Ligatures came away. Wound looks perfectly healthy.

August 14th. The stump has been completely healed a fortnight since, but the patient remains in the hospital for the completion of his wooden leg.

Examination of the Joint. The external parts were in some measure thickened. The external and internal lateral ligaments preserved their natural structure. No traces of natural organization could be discovered in the synovial membrane except where it was reflected over the cartilages; it had been converted into that thick, pulpy substance, of a reddish brown colour, and intersected by white membranous lines, described by Mr. Brodie, and which, as the same gentleman has remarked, is peculiar to it. The crucial ligaments were thinner than natural: the semi-lunar cartilages entire; those covering the condyles of the femur and corresponding articular surfaces of the tibia, were not more than ¼ of their ordinary thickness, presented a roughness to the touch, and were very readily separated from the bones, the exposed surfaces of which were very vascular, and softer than cartilage in its natural state.

Remarks. The two preceding cases were beautiful specimens of the morbid alteration of structure in the synovial membrane, described by Mr. Brodie in the third chapter of his valuable work on "Diseases of the Joints." Nothing but the peculiar elastic feel, which the application of both hands to the joint distinguished from fluctuation, could possibly have predicted the nature of the latter case; the symptoms, throughout its whole progress, being exactly similar to those produced by ulceration of the cartilages, occurring as the primary disease. The vascularity and softness of the articulating extremities of the bones, as demonstrated after the removal of the cartilages, were probably connected with a state of the bone preceding the commencement of caries;* as the cartilages covering them were not, at some points, thicker than a wafer. They could not, I think, be attributed to any scrofulous affection going on in the bones; for a modern authort has observed, that, in the latter disease, he has found the vascularity diminished in proportion to its duration. The cancellous structure was also healthy, and perfectly free from any caseous deposit.

OSTEO-SARCOMATOUS TUMOUR OF THE LOWER JAW.

Henry Roberts, æt. 61; was admitted July 4th, under the care of Mr. Lawrence. The patient has been subject to slight

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* I use the term as denoting that state of bone which correpouds to ulceration in soft parts.

† Lloyd, page 128.

rheumatic attacks; in the intervals of which he has enjoyed good health.

About fourteen years since a small vascular tumour, increasing in size very slowly and attended with very little pain, made its appearance on the alveolar process of the lower jaw, in front of the incisor teeth. About two years and a half ago, when it had attained the size of a walnut, it was removed by the knife. Shortly afterwards, it again began to grow, proceeded more rapidly than before, was attended with much pain, and projected both in front and behind the teeth.

The tumour now occupies the alveolar process and the body of the bone from its middle to the first molar tooth, and consists of two portions, one of which occupies the situation of the gum, while the other rests firmly on the bone. The former is a red and vascular excrescence, softish and moveable; while the latter, covered by the mucous membrane of the mouth, is white, cartilaginous in texture, and identified with the bone. The teeth are seated in a furrow of the vascular excrescence, and quite loose.

As the tumour descended nearly to the basis of the jaw, Mr. Lawrence thought it advisable to remove entirely that portion of the bone in which the morbid growth was situated, as being the only effectual method of preventing a relapse of the disease; the patient, however, would not submit to that proceeding, but wished that the diseased parts should be taken away.

The loose teeth having been previously removed, the operation was performed *July* 13*th*. The vascular fungous excrescence and its cartilaginous basis were completely dissected away, leaving a semicircular gap in the bone, extending nearly to its basis. In this part the substance of the bone had been converted into a tumour of cartilaginous consistence with numerous small bony spicula projecting into it.

19th. The patient is altogether free from pain and constitutional disturbance. The wound has a perfectly healthy character.

22nd. Was made an out-patient, the wound still retaining its healthy appearance, and being considerably reduced in size.

August 10*th*. Came to the hospital. The wound was healed, and the parts, lately occupied by the tumour, were perfectly healthy.

CANCER SCROTI.

James Dean, æt. 23; came to the hospital on the 9th of August, with a carcinomatous ulceration of the scrotum; commonly known by the name of chimney-sweepers' cancer; or soot wart.

Four years ago, the patient, who is a sweep, observed an indurated pimple, about the size of a small pea, on the lower part of the scrotum, which remained stationary for two years, when he removed the top, and a sore formed, which has continued to enlarge. Its progress has been much more rapid during the last six months, and, until within the last six weeks the pain has been trifling.

A tuberculated induration, half the size of the first, and detached from the subjacent parts, occupies the whole of the lower part and right side of the scrotum. Upon the center of this is an irregular ulcerated surface which secretes a small quantity of a thin sanies, and is surrounded by hard, ragged, and unequal edges. The local pain is severe, and such as prevents his resting at night; yet his constitution is not affected by it.

Mistura sennæ comp. pro re nata.

August 11*th*. Mr. Earle dissected away the morbid part, and exposed the tunica vaginalis and testicle, on each side, in a perfectly healthy state. Two or three small pimples similar to that which originally produced the disease, were observed on the neighbouring part of the scrotum, and removed. It had been necessary to take away so large a portion of the scrotum, that the remaining part was not sufficient to cover the testicles: they were therefore left, together with the corresponding tunica vaginalis, bare. The patient was then put into bed, a dose of laudanum administered, a pillow placed to support the testicles, and directions given that the parts should be kept damp with cold rags. 8 *o'clock* P.M. ol ricini, Rj. statim.

13th. Has slept well during the two last nights. Complains of slight pain in the testicles. Bowels well open—tongue clean.

Catapl. panis. Cont. mistura sennæ c. pro re nata.

20th. The patient has experienced a slight attack of the hernia humoralis: a stratum of lymph has been effused over the bare surface; granulations have formed in it and the part presents a perfectly healthy appearance.

22nd. Cicatrization commencing. Is free from pain.

25th. The health continues good, and cicatrization is proceeding rapidly.

27th. Continued favourable progress.

CARCINOMATOUS ULCERATION OF THE LEFT THUMB.

Read Fuller, æt. 55, a farmer's labourer, who had lived regularly, and enjoyed good health, came from the country, and was admitted into the hospital, July 12th.

The patient had had several seedy warts on the left hand for some time, when, about sixteen months since, one of them, situated on the back part of the thumb, inflamed, swelled, and as he says, "festered off." It discharged a thin watery fluid for a short time, and being rubbed and irritated in the course of his employment, slowly but progressively increased in size, so that three months previous to admission, it had attained the size of a large egg; being free from pain, and not ulcerated. By the advice of a neighbouring servant, he applied caustic to the part every day for a month, under the use of which it ulcerated. He now discontinued his employment, and, by the direction of a surgeon to whom he applied, used a wash, during which time the disease grew worse and became painful, and continued to increase until the period of admission.

The case being a very interesting one, I beg to give Mr. Lawrence's description of it.

"The disease now covers the first bone of the thumb, (the first metacarpal bone of some anatomists) and the joint between it and the second phalanx, stopping a little short of the carpal extremity of the radius; it occupies one-half of the ball of the thumb, and reaches nearly to the metacarpal bone of the fore-finger. It consists of a red, hard, uneven, and tuberculated swelling of the skin, partially ulcerated on the surface, and immoveably fixed by a hardened base, on the subjacent parts. There are several excavations in this indurated mass, about equal in size to a sixpence or shilling; some of these are ulcerations, with a clean red surface, but no granulations, eating into the part, and forming rather deep holes, with sharp abrupt edges; others have a fibrous warty character. All of them discharge a thin yellowish clean ichor, with a very peculiar odour. The edge of the mass is tuberculated, and the disease extends by the successive ulceration of the tubercles, which enlarge, become soft, and then form fresh excavations. The integuments are red, hard, and fixed beyond the limits of the active disease. The fore-arm and arm are unaffected, but the axilla presents a glandular enlargement, about equal to a pigeon's egg, rather soft, moveable, free from pain, and without any discolouration of the skin. The patient considers that this swelling has no connection with the disease of the thumb, and represents that the former has existed for many years. He has a sallow, and rather unhealthy appearance, with a white tongue, and some feverishness which he ascribes to the fatigue of his journey, stating that he had been previously in good health, although suffering great pain in the part, especially at night."

Ten leeches to be applied round the disease, and afterwards a bread poultice. Hydr. submur. gr. iv. Jalapæ, gr. xij. statim. Misturæ sennæ c. ℥iss. cras mane, et repr. pro re nata.

14th, The inflammation and pain attendant upon it are much diminished.

15th. Much the same as yesterday.

Repr. hirudines.

16th. Health improved. Inflammation and pain diminished.

Hirudines, xij. Repr. cataplasma panis.

17th. Very much easier. Tongue clean; no fever.

Misturæ sennæ c. ℥iss. cras mane.

18th. Mr. Lawrence, who regarded the case as a well-marked instance of carcinomatous ulceration, and who considered tubercular induration, the peculiar character of the ulcerations, the thin, ichorous, and fetid discharge, and the severe pain, clear proofs of its malignant nature, had determined upon amputating to-day; all who had previously seen the disease, concurring with him in the opinion of its necessity. As, however, one of his colleagues conceived the affection might give

way to rest and mild antiphlogistic treatment, the operation was postponed.

Contr. cataplasm acet. mistura sennæ comp.

20th. Bowels not sufficiently lax.

Aloes, saponis ana, gr. v. omni nocte.

23rd. Resp. hirudines xij.

27th No further advantage having resulted from the above treatment, the question of amputation was again considered, when it was suggested that the cinnabar fumigation might be tried with advantage. (Let it be applied night and morning.)

August 6th. Violent inflammation, attended with considerable swelling, deep redness and severe pain have come on in the part, and extend over nearly the whole hand; red lines extend from the inflamed part to the axillary tumour, which has attained twice its original size. The entire fore arm and arm are very painful, and the swelling in the axilla is in the same state. The patient has headach, thirst, loss of appetite, and a white tongue. (Let the fumigation be immediately discontinued.)

Hirudines xij. parti affectæ. Misturæ ammoniæ acet ℥iss. sextâ quaque hora. Liquor plumbi subacetatis dilut. brachio et tumori axillæ.

10th. Inflammation a little reduced.

Rep. hirudines xij. Cont. pilul. aloes cum sapone et mistura ammoniæ acetatis.

13th. Great relief followed the application of the leeches. The feverish symptoms are subsiding.

Rep. hirudines xij. Cont. medicamenta.

15th. Continued favourable progress.

Rep. hirudines xij.

17th. Rep. hirudines xij. Cont. medicamenta.

18th. The part having got into a quiet state, and the patient being free from fever, Mr. Lawrence determined upon removing the disease to-day.

The tourniquet being applied to the brachial artery, and the hand placed in a state between pronation and supination, Mr. L. felt for the styloid processes of the radius and ulna; immediately before the latter of which, on the back of the hand, he introduced a catlin, and pushing it forwards underneath the integuments and tendons until it protruded in front of the styloid process of the radius, cut out in a direction towards the phalanges of the fingers; thus making a semilunar flap of the integuments. In the same manner was made a corresponding flap on the palmar aspect of the wrist; the joint was opened, and the first row of carpal bones detached from their articulation with the scaphoid cavity of the radius. The radial and ulnar arteries having been secured, the flaps were approximated by adhesive plaster, and directions given that the stump should be kept damp with wet cloths.

20th. The stump was opened, and the edges of the wound found approximated, except in the situation where the ligatures came out. The arm is easy, and the patient free from fever.

Simple dressing to the stump.

22nd. Little redness about the stump, with pain up the arm.

Hydr. submur. gr. iij. jalapæ, gr. xij. statim. Cataplasma panis.

23rd. Increased redness extending a short way up the fore-arm. Slight fever. (Let the poultice be continued to the stump, and Goulard's wash applied to the fore-arm.)

Misturæ sennæ c. ℥iss. statim.

25th. Redness and fever gone. Pergat.

27th. Going on favourably in every respect. The axillary tumour remains stationary; if there be any change it is slightly diminished.

The hand was conveyed to the Museum to be injected by Mr. Stanley; I had not, therefore, an opportunity of observing its interior.

THOMAS FEREDAY.

PRIZE HOSPITAL REPORT,

No. IV.

MR. CHARLES WILLIAM TURNER, PUPIL.

CHELTENHAM CASUALTY HOSPITAL.

I.

CHOREA.

Treated by Doctor CRISTIE.

Case 1. Ann Turner, æt. 9, was admitted a patient, October 18th. The disease is strongly marked; her arms, legs, and whole body, are continually in motion, partially lost articulation.

She complains of great head-ach, and her bowels are in a very constipated state, tongue white.

R. Hydr. subm. gr. xij. antim. tart. gr, ij. ext. colocynth. c. ℈ij ℥ et divide in pil. xij. capt. ij. omni nocte.

21st Has taken some turpentine mixture, but her symptoms rapidly increase; she cannot stand without assistance, and is much emaciated; the bowels still rather bound.

R. Hydr. subm. gr. v. pulv. scammon c. gr. x. ft. pulv. om. noct. sumend. et mane ʒij. mist. aperient. in usu commun.

28th. Medicines have operated very freely, but the involuntary motions not at all lessened. Contiu. mist. aper. om. mane, et cap. ʒss. mist. sequent. bis die. R. argent. nitr. ʒss. aq. menth. p. ʒvijss. syrupi. ʒss. ℥ ft. mistura.

Sept. 4th. Nearly the same as last week, the symptoms not mitigated. Contr. pulv. scammon. c. calomel, et adde ol. terebinth. ʒss. mistur. c. mucilag. acaciæ q. s. ut antea sumend.

11*th.* The mixture has made her very sick, bowels open, symptoms not at all abated. Capt. ferri carbon. et pulv. jalapæ aa ʒss. bis quotidie.

18*th.* Involuntary motions slightly relieved, rugeat ferri carb. ℈ij. et capiat ter quotidie.

25*th.* Symptoms considerably better, can walk a little, abdomen enlarged, bowels rather costive. Rep. pulveres, et capiat, ʒij. mist. aper. in usu commun omni mane.

Dec. 2nd. Bowels very regular—walks with firmness. Pergat.

9*th.* Appears in every respect quite well, and latterly to have gained flesh. Dismissed cured.

Out of the great number of cases which have been admitted into this hospital, I never saw one more obstinate. In the beginning of the disease the girl was excessively weak and emaciated, and the remedies which were used very much increased her debility. The symptoms did not at all yield to the turpentine, argent. nitr. or indeed any of the medicines which were prescribed, till she began taking the carbonate of Iron, and it was astonishing to see the good effect it had upon her, both with respect to her looks and the irregular motions of her body.

I have seen her since she has been discharged; she has never had any return of her disease, and is now a stout healthy girl.

CHOREA.—*Treated by Doctor* GIBNEY.

Case 2. Samuel Clapton, æt. 23, was admitted a patient, January 23rd. Some months ago, (June last) he was riding on a horse, that was drawing a water barrel, when by a sudden start of the horse it threw him off, as also the barrel, which passed over his left shoulder across the scapula; there was no external bruise, no deformity, nor was any bone broken; but on rotating the arm a crepitus was sometimes heard over or near the acromion of the scapula, as if a string jerked suddenly off the process.

He has general symptoms of chorea,

uses his arm with some difficulty, and his fore-arm with still more. Tongue white, bowels costive, pulse slow; and, although he answers questions, yet he hesitates, and has a very vacant stare; clasps his fingers weakly. Appl. empl. cantharid. nuchæ, et postea ung. sabinæ.

℞. Ext. sem. colch. aloes spicat. a ℈iss, pil. hydrarg. ℈ij. pulv. opii, gr. vj. ℳ ft. in pil. xxiv. divid. sum. j. ter quotidie.

February 6th. Has to-day considerable twitching of his hands, functions pretty regular. ℞. Liq. arsenicalis, ℳ lxv. vin, sem. colchici, ℥ij. aq. fontis, ℥vj. syr. papav. ℥vj. ℳ capita ℥j ter quotidie et pulv. jalapæ c. ℥j. 2d quaque nocte.

16th. Much the same as last report. Rep. mist. addend. liq. arsenicalis, ℳ xvj. R. Ol. terebinth. ℥j. p. acaciæ, ℥ss. aq. cinnam. ℥v. syrupi, ℥j. ℳ et capiat ℥iss. omni mane.

27th. Makes but slight progress. Inf. ung. antim. tartar, nuchæ.

March 13th. Is rather better since he used the ointment. Pergat.

April 3rd. Has remained as last report, if any change, worse; still some discharge from the ointment; complains of giddiness in the head. Fiat v. s. ad ℥xx. Rep. pil. colch —omit. mist. arsen.

April 10th. Has not made much progress of late; sores dried up; head relieved. Rep. mist. arsenic et terebinth.

17th. As usual not at all better. Capiat ferri carb. ℥j. ter in die.

May 1st. Has derived much benefit from the iron; in every respect stronger; tongue furred, but bowels regular. Pergat.

22nd. Improving. Pergat.

29th. Has continued improving; is able to dress himself, and to work a little as a labourer; he is losing the jerking, and uses his hands. Capt. ferri carb. ℥iss. ter quotidie.

June 5th. Has still continued to gain strength from the iron; capt. ℥ij. ter quotidie.

July 3rd. Has gone on well, and is now able to resume all his usual employments; his countenance is altogether more intelligent, and he does not hesitate in his answers as formerly. Dismissed cured.

CHOREA.—*Treated by* Dr. CHRISTIE.

Case 3. Winifred Justin, æt. 8, was admitted a patient, Feb. 17th. She complained of head-ach: bowels hard, and very much bound; tongue furred; she is constantly affected with involuntary motions of the superior and inferior extremities, but more particularly of the right side; the motions cease during sleep. R. Hydr. subm. et ext. colocynth. c. ā gr. v. in pil. ij. om. nocte sumend. et mane sequent. ℥iss. mist. aper.

24th. The medicines have acted very much, but the symptoms are nearly the same as last report. Cap. ferri carbon. et pulv. jalapæ, aa gr. x. bis quotidie.

March 2d. Bowels pretty regular; does not appear to be any better from the medicines. R. Ferri carb. ℈j. Pulv. jalapæ, gr. x. ℳ. Ft. pulv. ter quotidie sumend.

10th. Involuntary motions alleviated; can walk steadier; bowels rather costive.

Rep. pulv. add. pulv. jalap. gr. x. sing. dos.

17th. Much better. Pergat.

24th. Improving. Bowels regular; tongue furred. Increase the ferri carb. ad ℈ij. and take it, as before, with the pulv. jalapæ.

31st. Involuntary motions are now nearly subsided; the powders have kept the bowels freely open, and she can walk with firmness. Pergat.

April 14th. She appears perfectly well, and can work with her needle quite steadily. Continue the powders one week, and to be then discharged.

21st. Dismissed, cured.

II.

CASE OF CEPHALALGIA IN WHICH IODINE WAS EXHIBITED.

Treated by Dr. GIBNEY.

Ann Slater, æt. 24, was admitted a patient September 26th.

She complains of severe pain in the head, extending across the forehead, particularly on the right temple, which became worse at night; pupils dilated, even on exposure to light, and she seems of a very heavy disposition; pulse, tongue, catamenia, bowels, all regular; has suffered some months; never gets giddy. Appl. empl. cantharid. nuchæ, et postea ung. sabinæ. Capt. pil. hydrarg. et ext. aloes spic. aa gr. iij. omni nocte et mist. aper. ℥ij. omni mane.

October 3*d*. No Improvement. Pergat. R. Ext. belladonnæ, ℈j. Cerat. cetacei, ʒj. ℳ. ft. ung. tempori applicand.

17*th*. The ointment *at first* gave decided relief, but lost its influence; her general health good. Capt. pil. aloes c. gr. x. o. n. et decoct. aloes c. ʒiss. omni mane.

21*st*. The medicines open her bowels freely, but pain in the head as bad as ever. Appl. hirudines vj. tempori.

R. hydrarg. subm. gr. iijss. Opii, gr. jss. Ft. pil. omni nocte sumend.

24*th*. The calomel and opium pills salivated her, which did her a little good, and the leeches relieved the pain for a time; her eyes have not the fixedness with dilated pupil as formerly; functions continue natural. Rep. pil. et hirud. capiat mis. aperien, ʒiss. omni mane.

November 15*th*. Has (to use her own expression) continued better and worse, except when salivated, which certainly relieved her a little.

R. Tinct. iodinæ, ʒiss. Inf. calumb. ʒvij. Tinct. sennæ, ʒvss. ℳ. Capiat ʒj. ter quotidie.

December 7*th*. The iodine seems to have entirely removed her complaint, and she was discharged cured.

Most probably there was some pressure on the optic nerves, which was removed by the influence of the calomel and opium, or iodine, or, perhaps, both; but she had taken the iodine only four days before she received great benefit.

III.

GONORRHŒA, WITH IRRITABLE SORES.—

Treated by C. AVERILL, *Esq.*

Case 1. Patrick Keefe, æt. 21, a labourer, was admitted a patient March 3d.

He states that his complaint first came on with a discharge from the urethra, and a scalding in making water, and that, for some time past, he had not been able to draw the fore-skin back. A fellow-labourer gave him some pills, which contained a great quantity of mercury, and salivated him. Mr. A. to-day divided the prepuce with a phymosis-knife, and found two or three irritable sores on the glans, and under-surface of the prepuce, in a sloughy state. He was ordered to apply lint, dipped in a lotion, composed of a drachm of nitric acid to a pint of water, over that a poultice of beer and oatmeal; allowed to drink a pint of beer daily; and to take ʒj. of the following mixture three times a day. R. Quinin, sulph. gr. xviij. Acid. sulph. dil. ʒij. Decoct. cinchonæ, ʒxij ℳ. Ft. mistura.

March 6*th*. Appearance not improved. Apply strong nitric acid to the whole surface; continue the poultice, and take the beer and mixture as before

14th. The sores increasing in size; repeat the application of the strong acid, dress it with resin cerate and the same poultice. Pergat.

17th. Sloughs caused by the acid separated; sores looking red and healthy, except in the margin of the frænum; the whole surface to be again touched with the acid, and continue as before; he complains of getting no sleep at night, for which let him take one grain of crude opium in a pill.

April 10*th*. Some inflammation extending towards the body of the penis. Let six leeches be applied, and immediately afterwards a poultice. Sleeps better.

23d. From this time, the sores healed rapidly, and in a fortnight he was discharged cured.

This man had taken mercury during the inflammatory stage of gonorrhœa, and had been salivated. Mercury, among the lower orders of Irish, is generally resorted to for the cure of clap; of this class of people there are many in Cheltenham, and cases of the above description are by no means unfrequent. Two or three applications of the strong acid generally arrests the progress of sloughing.

Case 2.—*Gonorrhœa, with Irritable Sores.*

Treated by C. AVERILL, *Esq.*

William Sullivan, æt. 22, was admitted a patient, April 19th. This was precisely a similar case, in every respect, to Keefe's; he had phymosis, discharges from the urethra, and pain in making water. This man had also taken mercury during the inflammatory stage of gonorrhœa, and had been salivated.

January 21*st*. Mr. Averill divided the prepuce, and found three irritable sores in a sloughy state, on the glans; a lotion of nitric acid, in the proportion of twenty drops to six ounces of water, was ordered to be applied, and a poultice of beer and

linseed meal—to drink a pint of porter daily. R. Quinin sulph. gr. viij acid. sulph. dil. ℥ss. Tinct. cinnam. ℥ss. infus. rosæ, vijss. ℥. ft. mist. sumat, ℥j. ter quotidie.

25th. The sores looking very unhealthy, with thick sloughs: apply the strong nitric acid, dress it with wax cerate, and continue the poultice, &c. R. Opii crudi, gr. vj. et divide in pil. vj. capiat j. omni nocte.

May 7th. Sloughs partially come away; repeat the application of the strong acid. Pergat.

14th. Sloughs entirely separated, sores less, and looking healthy. Continuent. mistura, &c.

21st. Sores still less, and nearly healed. Pergat.

27th. Dismissed cured.

IV.

CASE OF ANEURISM OF THE AORTA.—

Treated by HENRY FOWLER, *Esq.*

September 14th, 1825. JOHN LEECH, æt. 60, a man of choleric temperament, and a school-master, was admitted a patient of Mr. Henry Fowler's. About three months previous to his application for relief, his temper had been roused to more than an ordinary pitch of excitement by the misconduct of one of his pupils, and according to his own account, after his anger had abated, he became sensible of a sharp and lancinating pain in the interior of his chest; mental excitement or bodily fatigue of any kind after this increased his sufferings to such a degree, as not only to render him apprehensive of danger, but obliging him actually to overlook, and sometimes even to avoid noticing, the negligence and misconduct of his pupils, fearing that, if surprized into a fit of anger, the circumstance might prove highly painful, if not absolutely fatal to him. Till the present period, he had lulled himself with a hope, that a strict attention to a quiescent state of mind and body might eventually relieve him of his symptoms; but this expectation was disappointed by the appearance of a small and pulsating tumour, situated on the right side of the sternum, and projecting in a spot corresponding with the cartilage of the third rib. With this tumour arose two fresh symptoms, one of which he compared to sudden gushes of water in the chest, and the other was, that if, by accident or intention, the swelling was pressed, it immediately induced a violent fit of coughing, and added considerably to the severity of his symptoms. It was at this stage of his complaint that remedies were first administered, but they could only be regarded as palliative, since they merely mitigated his sufferings, without arresting in any degree the progress of the disease: occasional venesection, with the use of the digitalis, were found the most efficient in affording him a degree of comparative comfort and ease, and were, consequently, persevered in to the last. In March, 1827, about a year and a half from the commencement of his complaint, the swelling had increased to the size of a breakfast-saucer, in which strong and forcible pulsations were perceptible; with this increase of size, the symptoms became proportionally augmented; and, on the 14th of the same month, his sufferings were terminated by a rupture of the sac internally.

On dissection after death, which was sanctioned by the request of the patient when alive, the right lung was found adhering to the sac, and forming a considerable proportion of its parietes; the cartilages of the third, fourth, and fifth ribs, with their anterior osseous portions, and part of the sternum, were absorbed, and the fore part of the sac was filled with a great quantity of fibrine, arranged in a succession of concentric layers, and forming altogether an homogeneous and dense mass, of the size of a large orange; this, with the superjacent muscular and cutaneous coverings, were removed from the right side of the sac, and its internal capacious cavity exposed. A wash-hand basin full of coagulated and fluid blood was taken from the chest.

This preparation is preserved in the museum attached to this hospital, and we believe we may add, without fear of imputation for vanity or presumption, that it forms one of the best and clearest specimens of this disease in the kingdom.*

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* The drawing may be seen at the Editor's.

V.

INJURY OF THE HEAD.

Treated by CHARLES FOWLER, *Esq.*

Robert Freeman was admitted into the hospital, in consequence of an injury of the head. The patient was emptying a dry well; he had filled the bucket, and a labourer on the top had nearly drawn it up, when by some accident it slipped, and the whole weight fell with great force on the patient's head; he went on with the work for as much as an hour after the accident, apparently without inconvenience, except a little pain over the eyes. He, however, came down to the hospital, and ℥xvj of blood were taken from the arm, and a dose of purging medicine given him; he felt the pain in his head quite gone.

April 21st. Early this morning Dr. M'Cabe was sent for (the man having been previously at work for him.) I went with him, and found him in a very dangerous state, his face flushed, pulse extremely full and irregular, tongue furred, and he could not raise his head from the pillow. I again bled him to forty ounces with great relief. He was immediately afterwards brought to the hospital.

Mr. C. Fowler saw him at 12 o'clock, his face still very much flushed, pulse not so hard and a great deal more regular, pupils dilated, is a little delirious, and complains of great pain in the occiput; there was a slight cut in the scalp on the fore part of the cranium about two inches in length, but no fracture. His bowels have not been opened these three days. Ordered to take five grains of calomel, with a scruple of cathartic extract immediately, and ℥ij. of house mixture every second hour until the bowels have been freely evacuated, a large blister to be put to the nape of the neck, the head to be shaved round the wound, and apply a poultice.

7 o'Clock, P. M. The medicines have acted very copiously on his bowels; to take six grains of James's powder at 8 o'clock.

22d. Delirium gone off, pupils still dilated, he has not such a wild look, but complains of great pain in the back part of the head. Mr. F. opened the temporal artery, and abstracted about ℥x. of blood.

23d. He says he felt more relief from the blood taken from the head, than the whole quantity before; pain quite gone; repeat the James's powder to-night.

24th. He reports himself to-day quite well, and wishes to get up; tongue still a little furred, bowels open; repeat the James's powder with the addition of 2 gr. of ext. hyosci.

26th. Allowed to get up and take a little boiled mutton for dinner; his bowels rather bound; to take calomel and James's powder, of each 4 grains, at bed time, and ℥ij. of house mixture in the morning.

May 6th. Discharged cured.

VI.

INJURY OF A NERVE BY BLEEDING.

Treated by C. AVERILL, *Esq.*

Jane Sollis, æt. 38, was admitted a patient, December 25th. She had been bled in the right arm about a fortnight before; she states the orifice healed very well, but a day or two after her arm felt stiff and uneasy; thinking it rheumatic, and that it would go off, she neglected to apply for relief, until her arm got so excessively painful and heavy, that she could get no rest either night or day. A blister was directed to be applied.

30th. The arm more painful; to take one of the following pills night and morning.

℞. Hydrarg. Subm. gr. ij.
Pulv. Opii. gr. ½
Cons. q. s. ft. pil.

January 2d. The arm extremely painful and cannot bear it to be touched: ordered to use the following embrocation frequently.

R. Extract. Belladonnæ, ℥ij.
Lin. Saponis c. ℥ij. ℏ ft. liniment.

9th. She thinks she was relieved when applying the liniment, but the pain was soon after quite as bad; equal parts of soap cerate and extract of belladonna, mixed, spread on leather, and bound round the arm in strips.

16th. The arm by far less painful, not so tender to the touch, and she can sleep better at night. Pergat.

23d. Considerably better in every respect. Pergat.

30th. Can straighten her arm without pain, and to-day discharged cured.

VII.

CASE OF FRACTURED THIGH ACCOMPANIED WITH HEMOPTYSIS.

Treated by CHARLES FOWLER, *Esq.*

Augustus Mayo, æt. 25, was admitted into the hospital, March 16th, for a fractured thigh, occasioned by the fall of a heavy piece of timber. On his admission he was observed to possess all the visible characteristics denoting consumptive diathesis, such as contracted chest, pallid cheeks, with occasional faint hectic flushes, together with that pearly whiteness of the sclerotica which is observed almost invariably to accompany the complaint.

For the first three weeks after his admission, he appeared to be going on extremely well, and then began to complain of a slight pain in his chest, which was shortly afterwards accompanied with an expectoration of mucus tinged with considerable quantities of scarlet blood: as his pulse at this time denoted strong arterial action, he was ordered to be bled, and this seemed to mitigate the pain, though the spitting continued to the same extent as before. A mixture of infusion of roses was now ordered him in combination with the digitalis, and an increased quantity of sulphuric acid, and the tartar emetic ointment to be rubbed upon the chest; after a perseverance in these remedies for some time, the symptoms gradually abated, and about the sixth or seventh week, his splints were removed in order to ascertain the strength of the osseous union; the callus had been deposited so profusely as to form round the fractured extremities of the bone a globular mass nearly equal in size to the head of a new-born infant, but so deficient was it in the earthy material, that the weight of the leg itself was sufficient to bow the thigh at the fractured part: the thigh was now adjusted as before; the spitting suddenly ceased, the appetite, appearance, and strength rapidly improved; and, at the end of three weeks, the man was enabled to use his crutches—it is now the 12th week, and he can bear his weight to the ground, but the callus is diminished nearly one half its original size.

Remarks. This case is curious, in as much as Nature had furnished one part of the osseous cement very liberally, even at the time the patient was suffering from hemoptysis; but when this symptom had entirely ceased, the earthy matter was abundantly supplied, and a large portion of the cementing medium removed.

VIII.

CATARACT.

Treated by CHARLES AVERILL, *Esq.*

Mary Bryant, æt. 60, has had cataract in the right eye about three months. The left eye had been operated on for the same disease about a year ago, the pupil of which was closed; directed to take ten grains of Plummer's pill every night.

Nov. 18th. The operation was performed with Saunder's needle, which was introduced through the selerotica, about three or four lines from the margin of the cornea; with this the lens was cut into several pieces, one of which was pushed into the anterior chamber. An anodyne draught was given. Extract of belladonna was applied daily during the continuance of the slight inflammation caused by the operation, and purgatives given occasionally.

Jan. 13th. A considerable degree of absorption had taken place round the margin of the lens; the light was stronger, and when the belladonna was applied, a space round the margin of the pupil was clear, and the portion of lens which had been left in the anterior chamber, was absorbed. To-day the operation was repeated.

Feb. 24th. A small portion of the hardest part of the lens remaining in the centre of the pupil the operation was again repeated; this portion was depressed in the vitreous humour; a small part of which, in nearly a fluid state, escaped when the needle was withdrawn. In a few days the inflammation caused by the operation subsided, and she was discharged, having very good vision.

IX.

AMPUTATION OF THE THIGH THROUGH THE TROCHANTER.

Treated by CHARLES AVERILL, *Esq.*

Simon Spicer, æt. 17, admitted on the evening of May 29th. He had suffered some time from an inflammation of the synovial membrane of the knee-joint; at the time of his admission suppuration had taken place to a very great extent; the matter extended along the tendon of the rectus muscle, and on the inside of the thigh nearly to the groin; he was hectic, and had every bad symptom usually attending the formation of large quantities of matter; over the great trochanter the integuments had ulcerated; from the pressure of that part of the bone, all the soft parts being very much wasted; the same was the case on the sacrum. The case altogether was regarded as nearly hopeless; however, it was thought amputation of the limb, provided he could survive the operation, might afford him a chance of recovery.

On the 30th, the operation was performed; the artery being compressed in the groin, a narrow-bladed catlin was the knife used, and two flaps, including as much muscle and integuments as the diseased parts would admit, were formed by thrusting the instrument through the soft parts of the thigh on each side of the bone, and cutting from within outwards; the bone was sawed through the trochanter. Very little blood was lost during the operation; four vessels were secured, when he was put to bed quite faint; some wine was given him, and half an hour was suffered to elapse before the flaps were united, which was effected by means of two sutures and adhesive straps. Small doses of opium and ammonia were given at short intervals, and beef-tea and wine were allowed him; towards evening he recovered, was free from pain, and expressed himself as feeling comfortable.

On the 31st, secondary hemorrhage came on to such an extent, as required the stump to be opened; another vessel was secured; he again became faint; musk, wine, ammonia, &c. were occasionally given, which kept him alive to June 1st, eleven o'clock, P. M. when he died.

Had not the secondary hemorrhage come on in this case, it was thought he would have had a fair chance of recovery. On examination of the parts after death, it was found that the small remaining portion of the thigh-bone was healthy. The cartilages, and part of the ligaments of the knee-joint, were destroyed by ulceration.

Amputation of the Leg.

C. AVERILL, *Esq.*

Thomas Guteridge, æt. 37, was admitted into the Hospital June 25th. He had suffered at different times from a small sore on the inner side of the left ankle-joint for the last two years; during which time his general health had been very indifferent, for which he had been treated by Dr. Hawkins, of the Middlesex Hospital. At the time of his admittance into this Hospital there was an abscess as large as an egg, situated on the dorsum and inner side of the foot, which had been opened, and continued to furnish a great discharge of matter; from this abscess sinuses passed in different directions, one leading beneath the muscles of the sole of the foot to the under part of the metatarsal bones; the introduction of the probe gave him such excruciating pain that he would not submit to its being passed either to the ankle-joint, or to those of the tarsus; but from the external appearance, there was little doubt the bones were diseased. His health was rapidly declining; he was hectic, had profuse night sweats, quick pulse, and irritable cough. Amputation was recommended. In a day or two he made up his mind to submit to the operation; in this time the leg had become œdematous to the calf. The operation was performed rather higher than the usual place below the knee; four ligatures were applied, and he was directed to take ℥j. of the following mixture every two hours:

R. Ammoniæ carbonat. gr. xxiv. liq. ammon. acet. ℥ij. opii. sedativ. ℥ℓ. xxiv. mist. camphoræ, ℥ij. ℥ℓ. ft. mistura.

In a few days the hectic symptoms subsided; he was ordered to omit the mixture as above, and take the one now prescribed; allowed meat diet and a pint of porter daily:

R. Quinin. sulphatis. gr. xv. acid. sulph. dill. ℥ss. saech. albi, ℥ss. infus. rosæ, ℥vj. ℥ℓ. et capiat, ℥j. bis die.

All the ligatures came away in less than three weeks.

Aug. 4th. The stump is healed, and he waits for his wooden-leg to be discharged.

On dissection of the limb, a sinus was opened leading from the abscess to the ankle-joint; the cartilage of the tibia, as well as the astragalus, was in a state of ulceration, and there was a considerable quantity of pus in the joint.

In cases of amputation below the knee, Mr. A. prefers doing the operation rather higher than the place usually recommended, sawing through the bones immediately below the head of the fibula; by this means the small remaining portion of the leg which projects backwards may be hidden by loose trowsers, and the deformity rendered less than it would otherwise be.

X.

OSTEO-SARCOMA OF THREE FINGERS.

Treated by CHARLES AVERILL, *Esq.*

The patient, Moses Gay, was admitted into the Hospital July 4th. He gave the following account of the disease:

The tumours began forming when he was about four years old, and continued gradually to increase. The skin on the top of the enlargement on the fore-finger, had been some time ulcerated, showing part of the bony tumour in a state of necrosis, and from which there continued to issue a very offensive discharge. There had been, too, a considerable ulcer on the middle finger for some time past. He was occasionally in the habit of correcting the offensive nature of the discharge by the application of nitric acid wash, which had also excited the exfoliation of small pieces of bone. The disease had, to a certain degree, impaired his general health, in consequence of which he had been several times recommended to have the whole hand amputated, to which he would not consent, as, it being his right, he would have been completely disabled from following his trade, that of a carver and stone cutter: but, when he was told that his thumb and little finger might be saved, he readily consented.

July 8th. The three fingers, with part of their metacarpal bones, were amputated by Mr. Averill; who, with a straight-bladed bistoury, dissected back a flap of skin from the dorsum of the hand, then carrying the knife between the metacarpal bones of the thumb and fore-finger, separated them from each other, avoiding as much as possible the muscles of the thumb; the soft parts in the palm being divided, the metacarpal bones of the ring and little finger were separated from each other, and the metacarpal bones supporting the disease sawed through with a metacarpal saw.

It may be worthy of remark, that not a single blood-vessel required a ligature after the operation, though the palmar arches must have been cut. Two or three sutures were applied, and the wound lightly dressed. In about three days considerable hemorrhage occurred, which was stopped by pressure. An abscess afterwards formed in the sheath of the flexor tendon of the little finger, which was opened early, and soon healed.

August 10th. He is able to take up and hold small bodies, such as a pencil, &c. and was to day discharged.

The weight of the three fingers when removed was two pounds. The cavities and interstices within the bony tumours were in the recent state filled with a substance resembling jelly, in which portions of bony matter were deposited. The diseased bony structure forms a beautiful dry preparation, which is preserved in the Museum attached to the Hospital.

XI.

STRANGULATED FEMORAL HERNIA.

Treated by CHARLES FOWLER, *Esq.*

William Werrett, æt. 60, was admitted into the Hospital May 21st, for a strangulated femoral hernia on the left side.

The operation was undertaken with very little chance of success, as the strangulation (owing to the negligence of the overseers and relations) had existed five days previous to the man's admission; added to this, his appearance was so decidedly cachectic and emaciated, and indicated so low a state of the powers of life, that even if the patient had presented himself at an earlier period of his

complaint, the surgeon would have drawn but an unfavourable prognostic as to the final result of the operation.

Too much time had been previously lost, to warrant any further waste of it in the protracted trials of the ordinary means of reduction. The taxis and warm bath were of course resorted to; but these being found inefficient, the man was immediately placed upon the table and the operation commenced; the incisions were made after the usual method, viz. a transverse and longitudinal cut through the integuments, and over the tumour, in such a manner as to give the operator the best command of the sac and its coverings; these latter were successively and carefully dissected through, and the sac opened, when a nodule of intestine, and portion of omentum, strongly and extensively adhering to it, were brought to view; a director was then slid under the stricture, and a probe-pointed bistoury passed along its groove up to the strictured part, which was immediately divided by gently urging the latter instrument, in a slanting direction, towards the umbilicus.

Mr. C. Fowler having finished the operation, and the wound being dressed, the patient was carried to his bed; he expressed himself as greatly relieved; his pulse, from an intermitting state, became firm and regular; there was no anxiety of countenance, no swelling, nor tension of the abdomen; and after repeated doses of the purgative medicines, with enemas, his bowels were copiously relieved; indeed every symptom till the next day furnished us some hopes of success. When Mr. F. came the following morning, he found him sleeping, with his mouth open, which, added to his general cadaverous looks, gave him the appearance of a man in the last act of expiration: we closed his jaw, but, on removing the support, it fell again, so completely had the temporal and masseter muscles lost their power of contractility; we looked upon this symptom as pretty strong evidence of the weakened state of the vital powers: on examining the abdomen, it had become quite tense and tympanitic; the pulse was fluttering, quick, and imperceptible; we awoke him from his stupor, but he quickly relapsed into it again: the symptoms of dissolution speedily increased, and, on the following night, the man expired.

Dissection. The appearances, on dissection, were not by any means of a formidable character, though the strangulation had existed five days previous to the performance of the operation; there was not the least approach to gangrene in the strictured part; a general and very intense redness, indicating inflammation, was all that could be observed.

Thus, the man seems to have died for want of that energy in the vital powers which would probably have supported a younger and more favourable subject through a severer and more powerful shock.

XII.

NEW METHOD OF CLOSING THE MOUTHS OF JARS CONTAINING WET ANATOMICAL PREPARATIONS.

The advantage of the method about to be described, consists in its occupying much less time than the one usually employed of tying over the mouths of jars with macerated bladder, &c. it has also a neater appearance; it is adopted by Mr. Averill, who has permitted me to make use of it in my reports from this hospital. The wet preparations in our museum are nearly all preserved in this manner, and many of them have been put up near two years, without any loss of the spirit contained in the jars having taken place. In a pamphlet, the principal part of which is translated from the French, by Doctor Chichester, entitled "Instructions for Collecting, Preserving, and Transporting such Specimens of Natural History as appertain to the Animal Kingdom," the doctor describes a cement used by Monsieur Person, for the purpose of coating externally the corks with which he had closed the mouths of his glass jars. This cement or bite is easily prepared, dries, and acquires complete solidity as soon as applied, it is not acted on by the spirit, adheres to the glass, and does not fall off. It is composed of the following materials.

Pitch, (brai ses des marins)
Yellow Wax,
Oil of turpentine, of each two ounces;
Red ochre, well powdered, six ounces.

Let the pitch and yellow wax be melted together, then add the turpentine and red ochre, boil it for a few minutes, taking care that it does not catch fire.

The manner in which Mr. A. uses this cement is as follows. The preparation being suspended in the jar in the situation in which it is intended to remain, a piece of sheet lead (such as is used for lining tea chests) is cut rather larger than the mouth of the vessel, so that it shall overlap the margin or rim round. The cement being melted, the under surface of the lead is completely coated with it by a painting brush, when it is instantly laid over the mouth of the jar, and the border of the lead pressed up smoothly with a spatula over the margin. The cement dries almost instantly, and completely seals the vessel. Mr. A. then paints the surface of the lead with a mixture of lamp-black and black japan, and afterwards with one coat of japan alone.

The accompanying preparation of tubercle of the liver is preserved in the above manner; it may remain with Doctor Johnson for some time, for the inspection of those gentlemen who may feel disposed to adopt the above method: the spirit in this case is rather tinged with bile, and is slightly turbid, owing to the preparation having been put up rather too soon.

CHARLES W. TURNER.

Cheltenham Casualty Hospital,
August, 15, 1827.

BIBLIOGRAPHICAL RECORD;

OR,

Works received for Review between the 15th of June, to the 15th of September, 1827.

1. **A Dissertation on the Remote and Proximate Causes of Phthisis Pulmonalis;** to which the prize was adjudged for the year 1825, by the New-York State Medical Society. By ANDREW HAMERSLEY. M.D. &c. Second Edition, revised and corrected. 12mo. pp. 99, New York. 1827.

☞ *We noticed the first Edition of this little Work with commendation, and the present edition is still more meritorious.*

2. Essay in Answer to the Questions proposed by the Government of the Duchy of Oldenburgh, respecting the Nature and Contagion of Yellow Fever. "In veritate spes mea est." Quarto pp. 32.

☞ *These are very able answers, and well deserved the prize which was offered, but we believe, never conferred.*

3. Introductory Lecture to the Course of Anatomy and Physiology, in Rutger's Medical College, New York, Delivered, November 11, 1826. By JOHN D GODMAN, M.D. Professor of Anatomy and Physiology. 2nd Edition. 8vo. stitched, pp. 39, New York, 1827.

☞ *This is a very eloquent introductory lecture, from which we have inserted an extract in our Periscope, so applicable to the difficulties of studying anatomy in our own country.*

4. Observations on the Medical Character, Addressed to the Graduates of the College of Physicians and Surgeons of New York, at the Commencement, held on the 4th of April, 1826. By DAVID HOSACK, M.D. Vice President of the College, and Professor of the Theory and Practice of Physic and of Clinical Medicine. Published at the request of the Graduates. 8vo. stitched, pp. 38, New-York, 1826.

☞ *An eloquent and excellent address.*

5. An Inaugural Discourse, delivered at the opening of Rutger's Medical College, in the City of New York, on Monday, the 6th day of November, 1826. By DAVID HOSACK, M. D. F. R. S. &c. &c. &c. 8vo. pp. 176, New York, 1826.

6. Oratio Harveiana Prima in Novis Ædibus Collegii habita sext. Kalend. Jul. An. MDCCCXXVII. A. PELHAM WARREN, M.D. Col. Reg. Med. Lond. Necnon. Reg Soc. Socio. Londini; Prostat. apud. R. H. Evans, 93, Pall-Mall, MDCCCXXVII.

7. Lectures on the Operative Surgery of the Eye; or an Historical and Critical Inquiry into the Methods recommended for the Cure of Cataract, for the Formation of an Artificial Pupil, &c. &c. &c. containing a new Method of Operating for Cataract by Extraction, which obviates the Difficulties and Dangers hitherto attendant on that Operation; being the substance of that part of the Author's Course of Lectures on the Principles and Practice of Surgery, which relates to the Operations on the Eye and its Appendages. By G. J. GUTHRIE, F. R. S. Surgeon to the Westminster Hospital, &c. &c. &c. Second Edition. With seven Explanatory Plates 8vo. pp. 555, London, 1827.

☞ *This Edition contains an immense mass of practical information, original and collected from various sources.*

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8. Clinical Reports of the Medical Cases in the Meath Hospital and County of Dublin Infirmary, during the Session 1826, 1827. Part I. By R. I. GRAVES, M. D. and WILLIAM STOKES, M. D. Physicians to the Hospital. 8vo. stitched, pp. 83, two coloured lithographic plates. Dublin, 1827.

☞ *See Periscope of Hospital Reports in this Number.*

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9. Annual Report on Diseases of the Eye, treated by GEORGE RICHMOND, Esq. Assist Surgeon 4th Dragoons, and laid before the Bombay Medical Board.

☞ *We have transmitted this communication to one of our Cotemporaries, as we do not publish original papers. Mr. Richmond's zealous labours in the cause of humanity we noticed in a former Number of this Journal. The present report does great honour to the goodness of his heart as well as the dexterity of his hand.*

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10. Die Behandlung der Lustseuche ohne Quecksilber oder die nicht merkuriellen Mittel und Methoden zur Hielung der Lustseuche. Nebsteinem kurzen Bericht uber die Anwendung der Antiphlogistiches Methode gegeu die se Krankheit, im allegmeinen Kraukerharse zu Hamburg, von Dr. FRIEDRICH WILHELM OPPENHEIM, praktischem Arzte und Wundarste in Hamburg. Hamburg, 1827.

11. Transactions of the Medical and Physical Society of Calcutta. Volume the Second. 8vo. pp. 430, Calcutta, 1826.

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12. Medical Ethics; or, a Code of Institutes and Precepts adapted to the Professional Conduct of Physicians and Surgeons. By the late THOMAS PERCIVAL, M.D. F. R. S. &c. &c. With additions illustrative of the past and present state of the Profession and its Collegiate Institutions, in Great Britain. 12mo. pp. 360, Jackson, London. 1827.

☞ *Mr. Jackson deserves thanks for republishing this excellent Work, at a time when Medical Ethics are much wanted, though little regarded. We shall dedicate an article to the Work shortly.*

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13. Popular Lectures on the Study of Natural History and the Sciences, Vegetable Physiology, Zoology, the Animal and Vegetable Poisons, and on the Human Faculties, Mental and Corporeal, as delivered before the Isle of Wight Philosophical Society. By WILLIAM LEMPRIERE, M.D. Author of a Tour to Morocco; Observations on the Diseases of Jamaica, &c. &c. 8vo. pp. 304, London, 1827.

☞ *These Lectures not being addressed to the profession, we shall be unable to notice them farther than to say, that they are creditable to the author, and must prove very useful to all those who are about to dedicate a portion of their time to the useful purpose of diffusing scientific knowledge among the public at large.*

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14. Introduction to the Science of the Pulse, as applied to the Practice of Medicine. By JULIUS RUCCO, M.D Batchelor of Medicine in the Royal University of Naples; &c. &c. &c. Vols. II. royal 8vo. pp. 353-452. Burgess and Hill, London, 1827. Price 1*l.* 8*s.*

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15. Morborum Definitiones causæque Continentes, &c. &c. Quibus accedit Toxicologia. Auctore RICARDO MADDOCK HAWLEY, M.D. Colegii Regii Medicorum Edinensis Socio, necnon Societatis Regiæ Medicæ Edinensis Socio Extraordinario. Edinburgi: apud Guthrie and Tait; necnon Londini. 8vo. pp. 364. 1827.

☞ *This work will prove highly useful to all those who have to undergo an examination in the Latin language, before any of the great medical tribunals of this country.*

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16. A Synoptical Chart of the various Dislocations to which the Human Frame is subjected, comprising their Diagnostic Symptoms and Modes of Reduction; arranged by J. M. Cunningham, M.D. Second Edition. Price 3*s*.

☞ *This is no bad coup d' œil of the various accidents to which our joints are liable. We never saw the First Edition. The undertaking is ingenious; and considering that the Chart occupies only* 18 *inches by* 14, *it contains a prodigious quantity of useful information respecting dislocations, which comes to the eye at a single glance. It is a useful thing in the surgery.*

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17. No. VIII. of Medical Botany; or Illustrations and Descriptions of the Medicinal Plants of the London, Edinburgh, and Dublin Pharmacopœias, with those lately introduced into Medical Practice; comprising their generic and specific Characters; English, Provincial, and Foreign Appellations; a Copious List of Synonymes; Botanical Descriptions; Natural History; Physical, Chemical, and Medical Properties and Uses; including also a Popular and Scientific Description of Poisonous Plants, particularly those that are indigenous to Great Britain and Ireland; with Figures coloured from Nature; the whole forming a complete System of Vegetable Toxicology and Materia Medica. By JOHN STEVENSON, M.D of the University of Edinburgh, and JAMES MORSS CHURCHILL, F. L. S. M. R. C. S. &c. &c. London, John Churchill. Price 3*s*. 6*d* August 1st, 1827.

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18. Observations on Lithotomy, and on the Formation of Urinary Calculi. By JOHN CHARLES LITCHFIELD, Surgeon, Lecturer on Anatomy, &c. &c. &c. 8vo. pp. 48, London, 1826.

☞ *The object of the Author, and it is a very laudable one, is to draw the attention of surgeons more to the constitutional condition and treatment of their patients, than is the practice at present. His observations appear to be judicious, and we have reason to believe Mr. Litchfield a zealous and enterprising young man.*

19. The Necessity of Disinterment, under existing Circumstances, in a Letter to the Mayor of Exeter. By WILLIAM COOKE, Surgeon. 8vo. stitched, pp. 31. 1827. Price 1*s*.

☞ *We have reverted to this little Essay in another place.*

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20. Mems Maxims, and Memoirs. By WILLIAM WADD, Esq. F.L.S. Surgeon Extraordinary to the King, &c. &c. &c. Quicquid agunt *Medici*, nostri est farrago libelli. 8vo. pp, 303. London, 1827.

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21. The Medical and Surgical Student's Synopsis and Guide: comprising a detail of the proper Course of Study, and Works to be consulted, &c. &c. By G. T. HAYDEN, Licentiate of the Royal College of Surgeons in Ireland. 8vo. pp. 117. 1827.

☞ *This is a very useful Vade-Mecum for the Student—especially for him who studies in the Dublin School.*

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22. Review of some Surgical Cases which have lately occurred in the Royal Infirmary of Edinburgh—a Clinical Lecture delivered to the Students of Surgery in that Institution, on Thursday, 26th July, 1827. By GEORGE BALLINGALL, M.D, &c. &c. &c. one of the Surgeons to the Royal Infirmary. 4to. pp. 25. with a Plate. Edinburgh, 1827.

☞ *These retrospective views will be useful, as the author observes, to those who have witnessed the different cases. The sketches are too evanescent for others.*

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23. Practical Observations on the Management and Diseases of Children. By the late CHARLES THOMAS HADEN, Esq. With additional Observations, and a Biographical Notice of the Author, by THOMAS ALCOCK, Surgeon. 8vo. pp. 192. London, Sept. 1827.

☞ *We hope to be able to give some account of this work in our next.*

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24. The Philadelphia Monthly Journal of Medicine and Surgery. Edited by N R. SMITH, M.D. 8vo. pp. 56. No. 1, Vol. I.

☞ *This new cotemporary has our best wishes for its success.*

25. A Treatise on Gun-shot Wounds, on Inflammation, Erysipelas, and Mortification, on Injuries of Nerves, and on the Wounds of the Extremities requiring the different Operations of Amputation; in which the various Methods of performing these operations are shown, together with their After-treatment; and containing an account of the Author's successful case of Amputation at the Hip-joint, &c. &c. With five Explanatory Plates, &c.: being a Record of the Opinions and Practice of the Surgical Department of the British Army, at the termination of the Wars in Spain, Portugal, France, and the Netherlands, in 1814 and 1815. By G. J. Guthrie, F.R.S. Surgeon to the Westminster Hospital, &c. &c. Third Edition. September, 1827.

☞ *This highly interesting and greatly improved edition, we shall give account of in our next Number.*

26. Journal de Progrès des Sciences et Institutions Médicales en Europe, en Amerique, &c.: contenant, 1mo. Une Revue Médicale Etrangere; 2ndo. Une Repertoire, Generale des Faits, Experiences, et Observations: 3tio. Une Serie de Monographies Originales sur les Diverses Parties de la Medicine, &c. Par Une Association de Medecins. IVme. volume. 1827. 8vo. 288, royal octavo.

☞ *We have much pleasure in recommending this spirited and highly-talented Journal, which is already receiving great encouragement in America, as well as in Europe. The plan is nearly the same as that of our own Journal, and this interesting foreigner is well calculated to convey a good idea of the actual state of medical science in the different countries in Europe.*

N B. We beg to inform the Editors that we have forwarded with this Number of our Journal, the Number for January 1827, according to their desire.

27. A Practical Treatise on the Diseases of the Skin, arranged with a view to their Constitutional Causes and Local Characters; and including the substance of the Essay on these Subjects, to which the Royal College of Surgeons awarded the Jacksonian Prize. 2nd Edit corrected and enlarged. By Samuel Plumbe, M.R.C.S. 8vo. bds. pp. 470, with plates. Underwoods, September, 1827.

☞ *This Record closed on the 15th September.*

INTELLIGENCE, CORRESPONDENCE, &c.

OBITUARY—MR. SHAW.

Pallida mors æquo pede pulsat pauperum tabernas
Regumque turres.
Vitæ summa brevis spem nos vetat incho are longam.
Jam te premet nox, fabulæque manes,
Et domus exilis Plutonia.

It is our painful duty this quarter to record the decease of Mr. Shaw, which took place on the 19th July, in the 36th year of his age. This excellent anatomist, and deserving young surgeon was attacked with a formidable and protracted fever towards the end of May; but, after a time, he became so far convalescent as to bear removal into the country, and the most sanguine expectations were entertained of his ultimate recovery. On the 17th of July last, however, he experienced a sudden relapse, and survived only a few days.

Mr. Shaw was, for many years, Demonstrator of Anatomy in the School of Great Windmill Street, and took a very active part in the formation of the Anatomical and Pathological Museum of Mr. Charles Bell, a collection, we believe, almost unrivalled for the beautiful manner in which the preparations are put up. On the death of Mr. Wilson, Mr. Shaw became co-lecturer with Mr. Bell, and not long ago, he succeeded Mr Cartwright as surgeon to the Middlesex Hospital.

That Mr. Shaw was no drone, is evident from his writings. The Manual of

Anatomy was happily conceived and not less happily executed. Whilst it laid before the student the details and minutiæ of muscles, and ligaments, and so forth, it directed his attention to the pathological conditions, which those structures are apt to take on, and we do not hesitate to assert has been, and will be, of very essential service to the Junior Members of the Profession. His works upon the Spine evince considerable ingenuity and originality; and though, perhaps, some of his peculiar views may be carried a little too far, there is not a doubt that they are founded in truth and correct observation. Besides these larger works, his numerous papers on the nerves and other subjects, in our different Medical Journals, are strong proofs of able industry.

As a man, and particularly as a teacher, Mr. Shaw will be universally regretted. With the pupils of Windmill Street, he was popular to a degree, for his manners were of that frank, independent character which always tells upon the hearts of young men. He was not, as some are, reserved and supercilious, but entered into the feelings and sympathies of his pupils, and was in word and in deed one of them. Whether his labours in the cultivation of anatomy, may have impaired an originally robust constitution we know not; but, certainly, looking at Mr. Shaw, no one could have supposed it likely that he would have been cut off thus early. It is a melancholy circumstance when we see the youngest and the strongest swept away in their prime, whilst grey-beards still cling convulsively to a scarcely enviable existence; but it is still more melancholy to think, that men, like Mr Shaw, after years of toil, should not be allowed to gather what they had sown, but should be called to their account in another world, just as they were beginning to taste the sweets of this.

To Mr. Bell the loss will be great, but the family and friends of the departed, may console themselves with the reflection that he died with a fair fame and unspotted reputation. From our hearts we say,

"Peace to his manes!"

Artificial Anatomical Preparations.

The professional and many of the non-professional gentlemen of London have been lately much gratified by an inspection of Dr. Ameline's Artificial Anatomical preparations in Golden Square. These preparations exhibit a striking example of the extent to which the ingenuity of an individual will reach, when under the guidance of persevering and patient industry. It is impossible to convey any adequate conception of these models, without the aid of the eye. They are not so beautiful as models in wax, no doubt; but they have the great advantage of bearing to be handled and pulled asunder without any detriment. The human fabric opens like a clock, and unfolds all its intricate apparatus of the natural size and natural appearance. The viscera all take out, and thus show us all the interior machinery, one wheel after another. We understand M. Ameline asks 4000 guineas for these models. If they could be procured at a more moderate price, they would afford an excellent illustration of a *popular* course of Lectures on Anatomy and Physiology. In a professional point of view, nothing, of course, can prove a substitute for the living and the dead body. It is on these alone that the anatomy of the human fabric, and its various derangements can be studied.

Dr. Hopkins' Obstetric Machine.

In connexion with M Ameline's models, we may mention in this place a most ingenious apparatus invented and constructed by Dr. Hopkins of Westminster, whereby the process of human parturition is more closely imitated, than by any other means which we have ever witnessed. The fœtus, as well as the parts through which it passes, are constructed of elastic gum, and the natural evolution of the fœtus and placenta is closely and admirably imitated. It is needless to say that, by means of such a machine, the artificial aids of midwifery can be proportionably illustrated The apparatus must be of essential benefit to the pupils of the ingenious Doctor's class.

Dublin Hospital Reports.

We are sorry the Editors of the 4th volume of the above Reports should have deemed it necessary to offer any explanation of a circumstance adverted to at page 112 of our last Number. We were perfectly aware of the *manner* in which the

apparent *favouritism* was produced; and we never, for a moment, suspected that the respectable Editors were concerned in the matter. The affair is a mere bagatelle, and we beg the Editors to accept, as the Diplomatists say, "the assurance of our high consideration."

The Contented Helot, or Man in Mask.

In the last Number of the Medical and Physical Journal, there is a Letter signed "A LICENTIATE of the LONDON COLLEGE of PHYSICIANS," but who is, unquestionably some FELLOW in disguise.

We cannot but envy the happiness of this Helot's paradise. Every thing with this *soi-disant* Licentiate is in the most flourishing and delectable condition. The LICENSE gains him great respectability—admits him to be candidate (but never a successful one) for Hospitals and Dispensaries—in short, it is quite the summum bonum of every respectable Physician's aspirations; and there is not a malcontent in London or in England, except Dr. Harrison! He very kindly tells the College, therefore, that it is not worth their while to go to law with this "vaunting individual," when there is not another in London who shares his sentiments! There is one thing which comes out from this disinterested physician—namely, an *idea* that the College will not gain much whichever way the verdict goes—and, in this, we entirely agree with the Man in Mask. With much NAIVETE he says—"where is the *equity* of the power thus vested in the College?"—to wit: of punishing the Graduate of Edinburgh for practising at Fulham, while at Richmond he might prescribe *ad libitum!* On another point we entirely agree with the Man behind the curtain, namely, that "*the real and best sources of their (the College) power, is the good opinion of the public, which may be shaken, but cannot be increased by a public trial.*" In our next Number we shall bring forward some curious documents to show what the general sentiments of the Profession are and have been on the present distinction between Fellows and Licentiates—some of them, documents signed by one of the most distinguished of the LIVING FELLOWS of the College itself. Till then, vive valeque, thou happy HELOT!

Anatomical Persecution.

In our last Number, we noticed the persecution (a more proper term than prosecution) of Mr. Cooke, of Exeter, and informed our readers that many of the very first professional characters in this metropolis had privately subscribed a sum of money to defray the legal expenses incurred by Mr. Cooke. We did not approve of this *mode* of subscribing; but circumstances have come to our knowledge which induce us to think it is, *for the present*, politic not to come forward publicly on the above-mentioned occasion, while a negociation is going on in a certain quarter, with the view of remedying the evil of which anatomists have so much reason to complain. Those few who have wished their names and subscriptions to appear publicly, will see them in another place, to which we have transmitted them.

This notice will satisfy Mr. Cooke that his persecution is not overlooked, though it cannot, at present, be publicly canvassed, for the reasons alluded to above.

Omission of Cancel.

In the 8th Number of this Series, page 588, there is a passage, in the report of the proceedings at the Freemason's Tavern, which Mr. Wakley considers as alluding to, and reflecting on himself personally—namely, as "one who is a disgrace to the Medical Profession, and who is banished from the practice of it." Wishing to avoid all interference with private character, and to separate it entirely from public writings or opinions, we can have no hesitation in declaring that we know nothing of Mr. Wakley personally, nor of any circumstances which can justify the above allegations as applied to him individually, and that we believe the said allegations to be without foundation. The passage was not cancelled at the time of the trial, in June 1826, because it was not included in the plaintiff's declaration—and the continuance of the passage in the cancelled Numbers of the Journal afterwards, was entirely without design, and indeed without the consciousness of the Editor, till his attention was drawn to it by the notice that new legal proceedings were about to be instituted on that account.

Hospital Reports.

Six important Hospital Reports reached us during the last quarter, and a seventh was nearly prepared for us, when *two of them* were interrupted (after one had actually been printed) by the seniors of certain hospitals, (which, *at present*, shall be nameless,) on the plea that such reports are not *warrantable*—and, moreover, that the cases occurring in hospitals are the *private property* of the physicians and surgeons of such institutions, and, consequently, that none else have any right to publish them! We shall not condescend to argue with these petty tyrants, who would monopolize—not the *improvements* of medical science, but the whole of the ignorance and obstinacy of the healing art, to themselves. They dare not allow records of practice to see the light, unless *manufactured* by themselves! Their objections to anonymous hospital reports, where party-spirit and personalities are sometimes indulged, would have some feasible basis to rest on; but when a gentleman, who daily walks the hospital, offers to the world a faithful transcript of the facts presented to his view, authenticated by his own name, the objections to such publication must arise from causes which we dare not trust our feelings, at present, in characterising by their proper names. The personages in question, however, are on the eve of annihilation; and even the short span of their worthless existence which is yet to run, will assuredly be embittered by the complete frustration of their feeble, selfish, and unchristian endeavours to cramp the diffusion of useful information, lest their own imbecility should be exposed. The eagle eyes of the press are already gazing on the transactions of public institutions—and the present generation of students *will* bring before the public the good and the evil practice of hospitals—the former for imitation, the latter for reprobation. In doing so, they are violating no compact, so long as they keep to a simple record of facts, without partiality or misrepresentation. On the contrary, they are contributing to the erection of the most splendid edifice that ever reared its head in medical science. Let them not be intimidated by the threats of a few individuals, whose utter and reckless disregard for all public utility, for all honourable distinction—in short, for all things but selfish, paltry, pitiable pelf, is a disgrace to the philosophic spirit of the age in which we live. Students who choose to publish fair, accurate, and authenticated accounts of hospital practice, are under no obligation to consult the opinion, or solicit the sanction of MOLES, who hate the light—of INCUBI, who press with all their leaden Lethean weight, on the vitals of the profession—of UPAS trees, in the field of science, whose presence marks the centre of a circle of sterility—of VAMPYRES, who would suck the stream of knowledge from public charities, and bury it in the earth, calling it *their* private property—in fine, of a few remnants of ignorance and VANDALISM, whom the temper of the TIMES, and the spirit of the PRESS, will soon scourge off the stage! In despite of these personages, the department of PRIZE HOSPITAL REPORTS in this Journal flourishes—and will continue to flourish. We have awarded two prizes this quarter, and shall award two or more prizes in our next.

And here we cannot help taking some credit to ourselves for thus giving such a decided impulse to the important act of recording and publishing Authenticated Hospital Reports. We have no hesitation in prognosticating that, if the practice becomes general, of which there is every appearance, it will be the most beneficially operative improvement that ever took place, in this or in any other country. The salutary effects will be felt in a variety of ways. The practice of taking accurate notes of hospital cases necessarily produces a habit of accurate observation, which will tell advantageously on every subsequent stage of the individual's professional life. The prize accorded to the student in this way, is the premium best adapted for his situation and years. His *perceptions* are all in the highest degree of acuteness, and it is the exercise of *these* which we want in the *faithful record of facts*. His judgment and reflections may be exercised to advantage at a later period These hospital reports, guarantied by the name of the reporter, prove at once a stimulus, and a check on the superior medical officers, while there is a perfect security against wilful misrepresentation on the part of the recorder. Thus the best effects will result from this system, as regards the medical officers, the students, and the institutions them-

selves. Of what inestimable advantage to the public will be these authentic records of hospital practice, we need not say. The most plodding routinist will not hesitate to consult these portraits of diseases in all their varied forms, for the sake of benefiting in his own private practice—while the most determined sceptic will not venture to hint any doubt of the *truth* of reports thus verified by the best of all vouchers—an appeal to the evidence of the senses of the whole of the officers and students of the hospital. The importance and utility of this system will soon be so manifest, that, ere long, a whole journal will probably be dedicated to BRITISH HOSPITAL REPORTS, alone. Till that period arrives, we request the candidates for prizes in this Journal, to observe carefully, and record faithfully—to study brevity and perspicuity in their language—to curtail as much as possible, the minute diurnal details, but preserve the prominent phenomena of the disease, the principal remedies employed, and the ultimate issue of events. By so doing, they will give an early proof of their assiduity to their friends—while they will confer an immense advantage on the profession and the public at large.

The Chlorides of Soda and Lime

Chlorine, under the name of Oxymuriatic Acid, has been long known to possess active medicinal properties, and was applied by Mr. CRUIKSHANK and Dr. CRAWFORD in gangrene; by Dr. SCOTT, of Bombay, as a bath for liver complaints; and by Dr BROWN, in atonic and syphilitic disorders; by GUYTON MORVEAU and others, as a fumigation, for the prevention of infection; extensively, by Mr. FARADAY, at the Penitentiary. From the inconvenience attending its production, the unmanageable and irritating nature of the uncombined gas, its use was necessarily confined to houses and apartments from which the inmates were previously removed, and its value as a medicine very much limited. For the purposes of bleaching, these difficulties had been long since overcome, by uniting it with Lime, which renders it capable of general application. M. LABARRAQUE was the first to point out the advantages to be derived from its application to medical purposes, in combination both with Lime and Soda; but, even in his preparations, the formulæ for which have been received into the French Materia Medica, the gas is too rapidly evolved, liable to excite irritation, and, by decomposing the water, to lose its peculiar properties.

The Chloride of Soda having been extensively and beneficially introduced into medical practice, it became a matter of the utmost importance, to obtain it of uniform strength and in perfect combination, upon both of which its valuable properties mainly depend. These desiderata have been obtained in the English preparation, which is three times the strength of that of the French Formula, and the evolution of the Chlorine is so gradual as to be almost imperceptible to the most delicate patient, and by excluding the air, it will keep for any length of time.

The Chlorides of Soda and Lime, besides being the most powerful antiseptics, possess the property of destroying all fetid exhalations, arising from animal and vegetable decomposition, by combining with the hydrogen, which is invariably one of the products resulting from such decomposition; and, to use the words of Mr. BEARDE, "as the effluvia which arise from putrescent substances, and more especially those generated in certain putrid disorders, have a tendency to create peculiar diseases, or to give the living body a tendency to produce poisons analogous to themselves;" the Chlorides destroy these, by acting chemically upon the pernicious matter, and resolving it into innocuous principles; and either of them may be efficaciously used to destroy the germ of all infectious diseases, by sprinkling the liquid, diluted with forty parts of water, about the chambers of the sick, suspending the use when its smell becomes perceptible; by immersing in it the linen, &c. of the patients, which should be rinced in pure water before being sent to the wash; and by receiving the discharges from the patient in vessels in which a wine-glass full has been previously added to the water.

The Chloride of Soda is preferable for medicinal purposes, as, at the same time that the Chlorine destroys the fetor of wounds, the Soda acts as a mild alkaline solvent of the proud flesh, and disposes the diseased parts to a healthy granulation. It has been found to act very beneficially, as a *Lotion*, in carbuncle, ill-conditioned ulcers and gangrenous sores

of every description; fetid discharges of cancer, herpes ulcerans, porrigo favosa, atonic ulcers, ulcers of the uterus, mortification, tinea capitis, burns, scalds, &c.; as a *Gargle*, in ulcerated sore throats, ptyalism, spongy gums, and carious teeth; as an *Affusion*, in the hot stage of fevers, while the skin is dry; and in all infectious diseases; and as a *Stimulant*, in asphyxia and syncope. The *Proportions* to be used are best left to the judgment of the Medical Practitioner, and are varied with the circumstances of the case, from one in five to one in forty parts of pure water. No danger will arise from using the stronger proportions, as the Chlorine, from being so intimately combined, will be evolved much slower than when more diluted; it is probable, however, that frequent repetitions of the weaker will prove the most efficacious. As in *Internal Medicine*, it has been hitherto little used; but, as oxymuriatic acid has been given in scarlet and other fevers, in doses of eight to ten drops, and when it is considered that calomel and corrosive sublimate are chlorides of mercury, it is deserving of attention, whether Chlorine, in its milder combination with Soda, may not be beneficially substituted in many cases. Should the Chlorine be too rapidly evolved by the presence of an acid in the stomach, a solution of ammonia will give instant relief.

The Chloride of Lime, from its very moderate price, is best adapted for the general purposes of correcting, by occasional sprinkling, the confined air of workhouses, prisons, ships, courts of justice, and places of public resort; of purifying drains, sewers, cesspools, &c.; and of preserving the health of persons engaged in the deleterious processes of preparing oil colours, and smelting the ores of copper, lead, &c. It will be found essentially to promote health and comfort in hospitals, if, with the usual attention to fresh air and cleanliness, the diluted liquid be sprinkled twice a day about the wards; in this and similar instances, it acts by double affinity,—the Chlorine combining with the animal effluvia, and the Lime with the carbonic acid of exhaled air. For the purpose of fumigation, (the patients being removed,) it is only necessary to add a few ounces of dilute sulphuric acid to the requisite quantity of the pure liquid.

FREDERICK FINCHAM.

Manchester.

Factitious Mineral Waters prepared at the German Spa, Brighton.

From the complicated nature of Mineral Waters, their chemical analysis would be found a very inadequate basis for a theory of their medical effects; a thorough acquaintance with which must be the result of observation alone. With respect to the Springs specified in the tables of analysis, as their peculiar character has been established by experience of long standing, it would be proper to give a general statement of the forms of disease wherein they prove salutary. The primary cause of a disease, and the progress it has made, are however considerations of equal moment, and must be referred to the judgment of the physician.

The present imitations are admitted, both by the faculty and the public of Germany, to coincide perfectly with the original springs, as well in their modus operandi, as in their external properties. Mr. Faraday, of the Royal Institution, has analysed the artificial Carlsbad, one of the most complicated of the waters, and has allowed a reference to be made to him as to its chemical correctness.

Note.—We have particularly examined the apparatus employed in the formation of these artificial Mineral Waters, and we have no hesitation in saying that it is above all praise. We have had the testimony of some talented physicians at Brighton, touching the efficacy of these waters in various chronic disorders of the viscera, and it is most satisfactory. We have also seen many patients who had derived the greatest advantage from their use. They are highly deserving of the patronage of the profession generally, on account of their own intrinsic good properties, and the superior manner in which they are elaborated at an enormous expense. In our next Number, we shall give some further details of these important auxiliaries to medicine.—*Ed.*

MR. FROST'S BOTANICAL LECTURES.

We observe that Mr. Frost commences his Botanical Lectures at St. Thomas's Hospital, on the 1st of October 1827, and continues them every Wednesday, at half-past twelve afterwards. Mr. F. divides his course into three parts—*first*, contains the History of Botany—*second*, the arrangement of plants—*third*, Medical Botany. We have no doubt that Botanical Lectures will now be more

numerously attended than ever, seeing how general the study is become among all classes of society. We wish Mr. Frost every success which his zeal and talents so well deserve.

Medical Jurisprudence.—We are glad to see that Dr. Gordon Smith, the well-known author of the "*Principles of Forensic Medicine*," recommences his course of Lectures on the above important subject at the Royal Institution, on the first of October, at nine o'clock in the morning, and continues them at the same hour on Mondays, Wednesdays, and Fridays. From the prospectus which we have seen, and from the talents and acquirements of the Lecturer, we have no doubt that the Course will prove highly interesting, and ought to be carefully attended by all medical students in the western schools of the metropolis.

We learn that Dr. Burrows' long expected work on Insanity is in the press, and will be published before Christmas.

Midwifery.

We have hitherto taken no notice of the strange *newspaper* publication of Sir A. Carlisle, because, to seriously controvert his positions before a *professional* tribunal, would be like a laboured attempt to prove that the sartorius muscle is longer than the pectoralis, or that bone is generally firmer in texture than flesh. Had the letter in question appeared without a signature, we should have concluded that it was indited in an asylum, by some incarcerated member of the medical profession; since in a state of hallucination, the judgment, and even the passions, are often perverted. Thus, we hate those whom we loved before; we discredit realities; and we firmly believe in the most wild creations of a disordered imagination. But the author's name is a sufficient guarantee that the said letters are not the offspring of mental alienation, in the common sense of the word. The motives of men's actions lie deep in the recesses of the human breast, and God forbid that we should attempt to drag them from their dread abode. We are bound to give every man credit for sincerity and good intentions, while we submit his words and actions to the ordeal of inquiry, whatever might have been the motives impelling to these words or actions. To tell our professional readers that the practice of midwifery requires very often the most powerful resources of the mind, and the most dexterous application of the hand, would be to tell them what they all know; and appeals to the non-professional part of the community, we leave to those, whose arguments and statements will not bear the test of professional scrutiny. The growing sense of mankind, and, indeed, of womankind, is so completely in opposition to the proposition of once more placing midwifery in the hands of the weaker sex, that we should consider it an entire waste of time and space to occupy a single page with the discussion. Granting, as we freely do, to Sir Anthony Carlisle, the concession of good intentions and conscientious motives, we cannot but sincerely deplore the obliquity of judgment, which could lead a man, of otherwise cultivated and scientific mind, into a maze of errors, absurdities, and criminations, as unaccountable in their conception, as they are unjustifiable in their promulgation—as weak in argument, as they are mischievous in tendency—as baseless in their data, as false in their deductions—as discreditable to the author, as they are ungenerous and injurious to his obstetrical brethren.

Carbonated Cheltenham Salts.

Some of these salts have been sent to us, as prepared by Messrs. Beavan and Perrin, and we have found them to be one of the most agreeable aperients which we have ever employed. They are as pleasant to the palate as a common saline draught, and act mildly in the small dose of one or two tea-spoonfuls. They effervesce strongly by merely pouring water on them.

LIST

OF

SUCCESSFUL CANDIDATES

FOR

THE HOSPITAL REPORT PRIZE.

Palmam qui meruit ferat.

NO.	NAME.	HOSPITAL.	DATE.
1	Mr. Thos. H. Smith, (Pupil.)	St. Thomas's.	April, 1827.
2	Mr. George Bury, (Pupil.)	Winchester.	July, 1827.
3	Mr. T. Fereday, M.R.C.S.	St. Bartholomew's	Oct. 1827.
4	Mr. C. W. Turner, (Pupil.)	Cheltenham.	Oct. 1827.

Prize—*a complete Set of the* Medico-Chirurgical Review—*perpetual Registry of the successful Candidate's Name in the Journal.*

☞ The Hospital Reports are not confined to any particular period of time in the hospitals from which they are made. Facts are independent of dates. Candidates for the next Number are requested to forward their Reports by the 1st of December. Two prizes will be awarded next quarter—one metropolitan, one provincial.

N. B. The Editor having been from home when this Number of the Journal was closed, several Correspondents cannot be answered till next quarter. Dr. Brown's paper could not be found, and it is feared that it is lost. If he will forward a copy by the first of December, it will appear in the Extra-Limites, according to his desire. The List of Additional Subscribers is deferred till next number, when it will appear.

INDEX.

A

Abdominal tumours, some cases of 169
Abdominal inflammation, insidious case of . . . 489
Abscesses in the liver, unsuspected cases of . . . 278
Abscess of the liver, Dr. Graves's case of . . . 112
Abscess of the liver; a misnomer 522
Acupuncture . . . 279
Acute tetanus, a fatal case of . 232
Agenesis cerebral, cases of . 420
Ague, Dr. Mackintosh on . 184
Alibert, M. on papular and crustaceous psorises . . 189
Alum in diphtheritis, M. Bretonneau on . . . 142
Amaurosis, case of . . . 279
Ammeline, Dr. his artificial preparations 582
Amputation, during the progress of mortification . . 219
Amputation for gangrene . 238
Amputation of a finger, followed by death . . . 264
Amputation of part of the lower jaw . . . 289
Anchylosis, cured by a novel operation . . . 272
Andral, M. his clinique medicale 73
Andrews, Mr. on lunar caustic in stricture of the urethra . 69
Aneurism of the innominata and subclavian . . . 533
Aneurism of the innominata, Mr. Wardrop's case . . 534
Aneurism of the abdominal aorta 233
Aneurism of the carotid, supposed case of . . . 271
Aneurism at the bend of the arm, Mr. White's case . . 277
Aneurismal tumour, rather anomalous case of . . 166
Aneurismal pouch in the heart, M. Cruveilheir's case . 401
Aorta, obliteration of the . 426
Apyrectic diseases, Prof. Fulci on 225
Arnott, Dr. his elements of physics 35
Arnott, Dr., reply of Dr. Barry to 436
Arnott, Mr. on the contagious character of erysipelas . 148
Articulating cartilages, M. Cruveilheir on . . . 165
Articular rheumatism . . 197
Artificial anus, curious case of . 558
Arsenic and laudanum, poisoning by 170
Arsenic in chorea, very large doses of 164
Arsenic, Dr. Christison on . 379
Ascites with pregnancy, case of . 409
Ascites, periodical, a case of . 227
Asphyxia, M. Leroy on . . 234
Asthma, M. Broussais on . 167
Astragalus, case of extraction of the . . . 457
Atropa belladonna, its properties &c. 98
Aura electrica, remarkable case of 459
Auscultation, mediate, Dr. Stack's inquiry into . . . 297
Axillary artery torn, a case of . 452
Axillary nerves torn during the reduction of a luxation . 454

B.

Bally, M. his cases of obliterated arteries . . . 218
Baron, Dr. his "Life of Edward Jenner, M. D." . . 102
Barton, Dr. his case of anchylosis 272
Bell, Mr., on strictures of the rectum 427
Belladonna, case of poisoning by 233
Bile, effused into the substance of the liver . . . 274
Bladder, curious case of perforation of the . . . 438
Bladder, puncture of, Mr. Fereday 561
Bleeding in the cold stage of ague, Dr. Mackintosh on . . 184
Brain, metastasis of Rheumatism to 351
Brain and spinal marrow, diseases of the . . . 438

Breast, case of encysted tumour of the . . . 261
Breschet, M. on equivocal sanguineous tumours . . 159
Bouillaud, Dr., on pulmonary apoplexy . . . 466
Bouillaud, Dr. his case of hypertrophy of the stomach . 221
Bouillaud and Cruveilhoir on the anterior lobes of the brain . 129
Brodie, Mr. on poisonous matter in offal . . . 166
Brodie, Mr. his case of ununited fracture . . . 476
Bronchocele, successfully treated by seton 263
Bronchotomy, for cynanche laryngea . . . 417
Broussais, his propositions of medicine . . . 46
Bursa of the knee-joint, affections of the . . . 500
Bury, Mr., his prize hospital report . . . 249

C.

Cæcum, ruptured, Mr. Speer's case of . . . 121
Cancer of the penis . . 243
Carbonate of iron in neuralgia . 403
Cardia, interesting case of cancer of . . . 439
Cardiac veins, great dilatation of the . . . 279
Carious joints, Dr. Crampton's cases of excision of . . 301
Carotid aneurism, Mr. Lambert's case of . . . 214
Carotid aneurism, ligature beyond the tumour . . 209
Catarrho-rheumatic ophthalmia, Mr. Mackenzie on . . 136
Cephalo-spinal fluid . . 228
Cerebral agenesis, memoir on . 420
Cervical vertebra fractured . 240
Cervical vertebra dislocated, without fracture . . . 243
Cervix scapulæ, case of fracture of the . . . 267
Charter of the College . . 509
Charles, King, his letter to the College of Physicians . 515
Cheyne, Dr. on a fatal erethism of the stomach . . 124
Chorea, Mr. Turner on . . 569
Chorea, Dr. Hawkins' fatal case of 146
Chorea, large doses of arsenic in 164
Christison, Dr., on arsenic . 379
Chronic rheumatism, treatment of 352
Chronic enlargement of the testicle . . . 529
Chronic diarrhœa, Dr. Elliotson on 155
Cicatrix, excision of, in hydrophobia 296
Circular swing in insanity, its powers . . . 29
Cleft palate, operation unsuccessful for . . . 522
Clinical assistants . . 284
Cooke, Mr., *persecution* of . 286
Cooper, Sir A., on disease of the nails . . . 181
College of Physicians . . 505
Colles, Dr., on dissection wounds 306
Colica pictonum, Dr. Ranque on 474
Colica pictonum, M. Andral on . 96
Colica pictonum, supposed case of, in the Royal Infirmary . 92
Colica pictonum, cured by tobacco fomentations and croton oil 114
Commentaries on female diseases 316
Compound fracture of the cranium, two cases of . . 196
Compound fracture of the skull, without depression . . 525
Contagious psoriasis, supposed instances of . . . 116
Constipation, Dr. Crampton's case of 118
Cranium and spine, fracture of the 486
Cruveilhoir, M. aneurismal pouch in the heart . . . 401
Cuming, Dr. on an affection of the mouth . . . 120
Cusack, Mr. on amputation of the jaw 289
Cutaneous diseases, Drs. Graves and Stokes on . . 479
Cynanche laryngea; tracheotomy successful . . . 122

D.

Diabetes mellitus, M. Luroth's case 496
Dilatation of the urethra, M. Dupuytren on . . . 449
Diseased and wounded arteries . 461
Diseases of the hip-joint, cases of 254
Disorder of the general health in females, chronic form . 324
Dissection wound, fatal case of . 306
Distention of the duodenum . 368

Dropsy, various kinds and treatment of 62
Dupuytren, M. his case of ligature on the external iliac . 177
Dyspepsia, curious case of . 412

E.

Earle, Mr., his cases of strangulated hernia . . . 472
Emphysema of the lung, case of 312
Emphysema, Mr. Fereday on . 545
Empyema, surprising case of . 491
Encephaloid disease of the liver 487
Epileptic lunatics, treatment of . 30
Erethism of the stomach . . 124
Ergot of rye, employment of . 278
Erysipelas, contagious . . 148
Erysipelas phlegmonodes, incisions in 280
Erysipelas after amputation . 554
Erysipelas, death from incisions in 536
Erysipelas œdematodes, Mr. Fereday 556
Erysipelas, treated by incisions . 244
External iliac, ligature of . 177
Eye, case of deep-seated inflammation in the . . . 265

F.

Female youth, diseases of . 317
Fereday, Mr. prize hospital report 537
Fevers, local bleeding in . 49
Fever, Dr. Bally on the seat of . 498
Flaubert, M. on the reduction of dislocations . . . 452
Follicular ulceration, case of . 490
Fracture, ununited, of the tibia . 315

G.

Gall-bladder, case of inflammation of 187
Gastro-enterite, fatal case of . 481
Gastro-enteritis, treatment of . 57
Gastro-enteritis, without pain . 458
Gastrotomy for strangulated intestine . . . 223
Gastrodynia, M. Barrut on . 408
Gastric *excitation* . . 60
Gold-headed cane, memoirs of . 38
Glossitis cured by incisions . 411
Green tea, Mr. Newnham on . 143
Gregory, Dr. on vaccination . 459
Groin, scirrhous testicle in the . 239
Guthrie, Mr. on gun-shot wounds 398

H.

Hall, Dr. Marshall, on the diseases of females . . . 316
Hæmaturia, cured by the sound . 145
Harrison, Dr., his circular on the College . . . 268
Heart, metastasis of rheumatism to the . . . 345
Helot, the contented . . 383
Hepatic abscess, curious case of 135
Hepatic tumour, M. Laroth's case 186
Hernia, cases of . . 521
Hernia, strangulated, cases of, with remarks . . 522
Hernia, with retention of urine . 275
Hiccup lasting 12 days, case of . 196
Hip-joint, disease of the . 254
Hip-joint, successful amputation of the . . . 418
Homœopathy, wonders of . 432
Hopkins, Dr. his obstetric apparatus . . . 582
Hospital reports, observations on 584
Hunger, a cause of gastritis . 52
Hydrophobia, some cases of . 236
Hydrophobia, amputation of the limb in . . . 237
Hypertrophy of the heart . 199
Hysteria, various forms of . 399

I.

Incisions in erysipelas . . 244
Incontinence of urine, cured by dry cupping . . . 278
Indigestion, Dr. Philip on . 362
Inflammation of the prepuce, with phymosis 596
Inflammation of the spinal marrow . . . 464
Insanity, pathology of . . 17
Insipidity of the bile, remarks on 367
Intermittent inflammation . 60
Intermittent rheumatic fever . 171
Intermittent nasal hæmorrhage . 196

J.

Jacob, Dr. on a peculiar ulcer of the eye-lids . . . 123
Jacobson, Dr. his anastomosis between the fifth and sympathetic 172
Jenner, Dr., his life, by Dr. Baron 102
Joints, carious, cases of excision of 301

K.

Keratonyxis for cataract . 208
Kino, effectual in a case of dropsy 134
Knee-joint, case of excision of the 303
Knight, Dr. on mental derangement 1

L.

Labia pudendi, infiltration of . 431
Lactuca virosa, its effect on the pulse . . . 102
Lancet, review of hospital reports in . . . 241
Larynx, ulceration of, Mr. Fereday . . . 554
Lee, Dr. on the nutrition of the fœtus . . . 504
Ligature of the pneumo-gastric nerves . . . 410
Ligature of the common iliac artery . . . 416
Ligature beyond the aneurismal tumour . . . 209
Lithotomy, successful . . 267
Lithotomy fatal, case of . 555
Lithotomy in an old person, fatal case . . . 526
Lithotomy, fatal, some cases of, with remarks . . 533
Lower jaw, amputation . 289
Lower jaw, compound fracture of 529
Lunar caustic in urethral stricture 69
Lunar caustic, in wounds, bruises, &c. . . . 153

M.

Macilwain, Mr. on strictures . 60
Mackenzie, Mr. on catarrho-rheumatic ophthalmia . . 136
Madeira, its climate for phthisis . 173
Mammary diseases, classification of . . . 162
Medical botany . . . 95
Medical science, Dr. Shute's principles of . . . 358
Mental diseases, Dr. Voison on the causes of . . 1
Mercury, disease of the bones after . . . 260
Mercurial frictions in puerperal peritonitis . . . 201
Midwifery, Sir A. Carlisle . 587
Mortification, amputation during its progress . . . 219
Mouth, a peculiar affection of . 120
Mucous membrane of the stomach 55
Mucous membrane of the stomach, softening of the . 82
Musgrave, Dr. on the effects of mercury . . . 423

N.

Nails, Sir A. Cooper on disease of the . . . 181
Nævi materni, *vaccination* in . 280
Nævus maternus, treated by ligature 243
Nerves of sense and motion . 200
Newnham, Mr. on green tea . 143
Neuralgia spasmodica, Dr. Scudamore on . . . 355
Nitrate of potash in indigestion . 376
Noxious exhalations, influence of 280
Nuga Canoræ . . . 38
Nymphomania and satyriasis . 16

O.

Obstruction of arteries, M. Bally on . . . 218
Osteo-sarcoma of the jaw, Mr. Fereday . . . 565

P.

Paracentesis abdominis, during pregdancy . . . 409
Parencetesis thoracis, successful case of . . . 273
Pathology of fever, Dr. Hewett on the . . . 494
Pelvis, fracture of . . 276
Penis, cancer of . . 243
Phagedæna gangrenosa . 529
Phagedæna, Mr. Fereday on . 551
Phagedænic ulceration . 245
Philip, Dr. on protracted indigestion . . . 362
Philip, Dr. on indigestion . 362
Phlebitis, Mr. Fereday on . 587
Phlebitis, fatal cases of . 241
Phlebitis, fatal case of . 245
Physics, Dr. Arnott's elements of 35
Physicians, charter of the college of . . . 505
Pneumonia without pain . 458
Pneumonia mistaken for hydrothorax . . . 482
Poisoning by belladonna . 233
Poisoning by arsenic, Dr. Christison . . . 379
Poisonous matter in offal . 166
Polypi, nasal, case of . . 265
Prize hospital reports, Mr. Fereday . . . 537
Prize hospital report, Mr. Turner 569
Prize hospital report, Mr. Bury . 249
Proteian malady . . 412
Proteian malady, M. Sarrut's own case . . . 149
Protracted lactation, Dr. Morton on . . . 488
Prurigo, cured by colchicum . 529
Psoriasis, successful treatment of 479
Psoris papulosa, M. Alibert on . 189

Psoris crustacea, M. Alibert on . 191
Puerperal peritonitis . . 201
Pulmonary apoplexy . . 466
Pulsation in the veins, Dr. Davis's case of . . . 118
Purpura hæmorrhagica, cases of . 468

R.

Radcliffe, Dr. memoir of . 39
Radial arteries, unequal pulse in . 279
Reduction of dislocations, accidents following the . . 452
Renton, Dr. on the dysentery of Madeira . . . 407
Rheumatism, Dr. Scudamore on 337
Rheumatism of the temporal muscles 113
Richard, Dr. case of hypertrophy of the heart . . . 465

S.

Salivation fatal, a case . . 409
Sanguineous tumour, ligature of the artery for . . 161
Sanguineous tumour, some anomalous cases of . . 159
Section and ligature of the pneumogastric nerves . . 410
Scirrhous testicle in the groin . 239
Scirrhous pancreas, M. King's case . . . 493
Scirrhus of the stomach . 73
Sciatica, Dr. Scudamore on . 354
Scrotal hernia, fatal case of . 246
Scudamore, Dr., on rheumatism 337
Seton in a case of bronchocele . 263
Seton in cases of ruptured tendon 451
Shaw, Mr. obituary of . . 581
Shute, Dr., principles of medical science . . . 358
Silk-worm gut ligature . . 253
Sloughing chancre . . 531
Spinal marrow, inflammation of the 464
Spinal disease, fatal case of . 247
Sponge-tent, as a dilator of the female urethra . . 567
Steno-cardia, or angina pectoris . 430
Stomach, effects of improper stimuli on . . . 50
Stomach affection, remarkable case of . . . 84
Stomach, hypertrophy of the . 221
Strangulated intestine, gastrotomy for . . . 224
Strangulated hernia . . 472
Strangulated hernia, cases of . 523
Strictures of the rectum, Mr. Bell on 427
Stricture of the urethra, Mr. Macilwain on . . . 69
Sulphate of copper in chronic diarrhœa . . . 156
Syphilis, communicated to a fœtus 244

T.

Taraxacum and stramonium, their properties . . . 100
Tartar emetic plaster in colica pictonum . . . 475
Tendo Achillis, rupture of the . 451
Tetanus, acute, a fatal case of . 239
Tetanus, M. Broussais on . 175
Thigh, elongation of; a case . 255
Thigh, shortening of; cases of . 257
Tibia, case of ununited fracture of 315
Tibia, aneurismal tumour in its interior . . . 156
Tic douloureux, severe case of . 356
Tracheotomy, successfully performed . . . 122
Transfusion of blood, case of . 415
Travers, Mr. on wounded arteries 188
Travers, Mr. on diseased arteries 461
Tubercular affections of the abdomen . . . 334
Turner, Mr. prize hospital report 569

U.

Ulcer, peculiar, of the eye-lids . 123
Ulcer of the tongue, curious case of 531
Urethra, M. Dupuytren on dilatation of . . 449
Urine, passage of substances into 404
Uterus, inflammatory affections of 335
Ununited fractures, pressure in 478

V.

Voison, Dr. on the causes of mental diseases . . . 1

W.

Wadd, Mr. his mems. maxims, &c. 393
Wardrop, Mr., his case of carotid aneurism . . . 209
Whitish stools, or fluxus cœliacus 114
Winchester hospital report . 249
Wounded arteries, cases of . 188
Wound of the "brachial vein" . 527
Wound of the knee-joint . 528
Wound of the larynx and œsophagus . . . 531

Y.

Yellow fever, bleeding and abstinence in . . . 54

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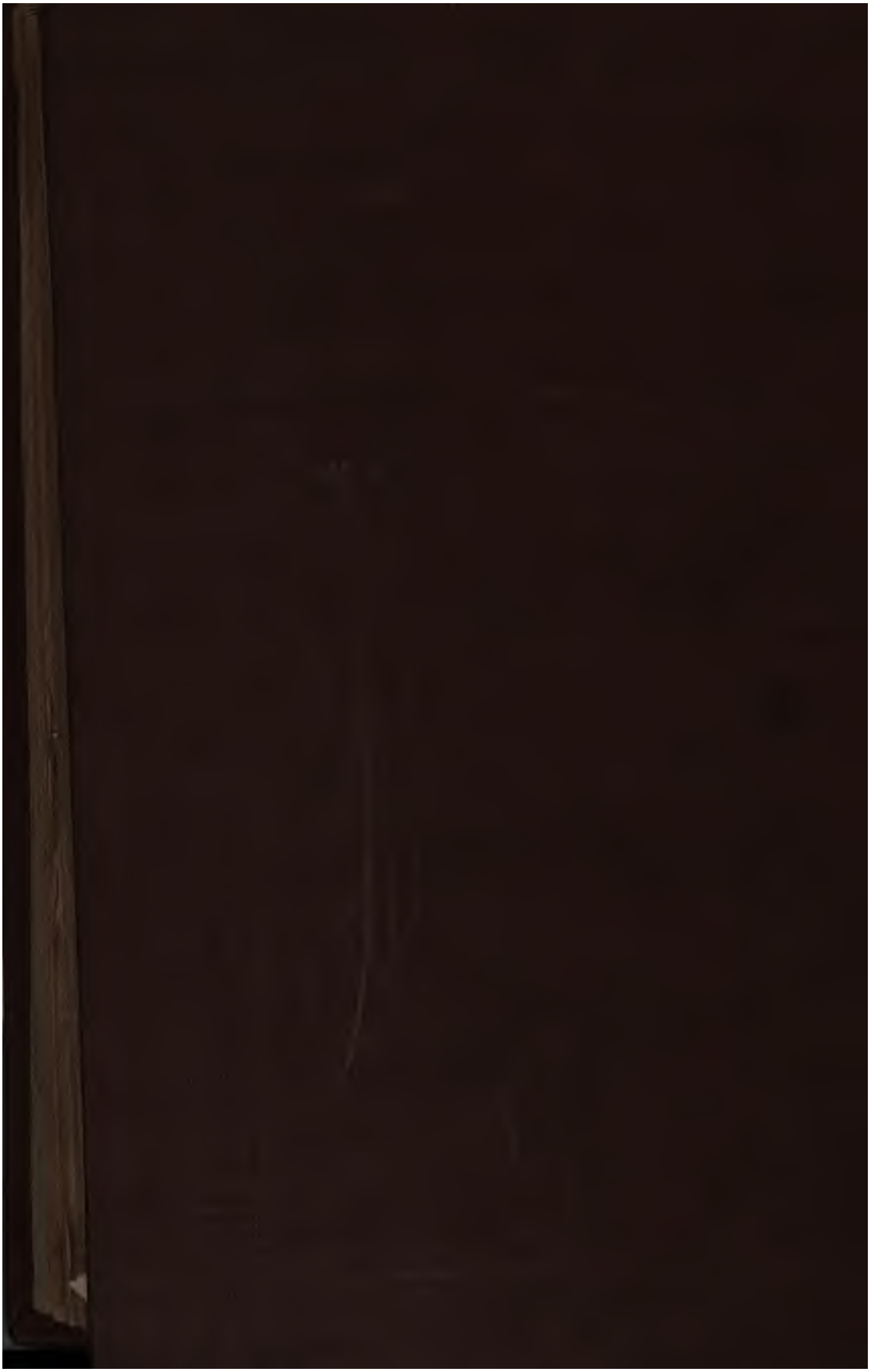
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